COMMUNITY HEALTH CLINIC
Annual Report

May 1, 2008 – April 30, 2009

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Table of Contents

EXECUTIVE SUMMARY ................................................................................................ 4

Mission Statement........................................................................................................... 7

Clinic Mandate ................................................................................................................ 7

Clinic Objectives ............................................................................................................. 7

Programs and Services .................................................................................................. 9
  Primary Care Services ................................................................................................... 9
  Addiction services ...................................................................................................... 9
  Assessment and management of chronic and acute health issues .................................. 10
  Health promotion ....................................................................................................... 10
  Prevention services .................................................................................................... 11
  Screening .................................................................................................................. 11
  Immunizations .......................................................................................................... 11
  Public Health and TB ................................................................................................. 12
  Women’s Health ........................................................................................................ 12
  Counseling ................................................................................................................... 12
  Referrals ..................................................................................................................... 13
  Foot Care ................................................................................................................... 13
  Massage Therapy ....................................................................................................... 13
  Outreach services ..................................................................................................... 14
  Clothing Bank ........................................................................................................... 15
  Modest Food Bank ..................................................................................................... 15
  Laundry Services ....................................................................................................... 15
  Showers ..................................................................................................................... 16
  International Program ............................................................................................... 16
  Subsidized Transportation ........................................................................................ 16
  Holiday Basket Distribution ...................................................................................... 17
  Educational Programs and Services ........................................................................... 17
  Peer education Program (Drug kNOW) ..................................................................... 18
  Canadian Volunteer Initiative .................................................................................... 18

Teaching and Service Learning ..................................................................................... 19
  Peer Education Drug kNOW Program ..................................................................... 20
  Outreach Program .................................................................................................... 20
  Massage Therapy Clinical ......................................................................................... 22
  Methadone Program .................................................................................................. 22
  Blood pressure and Glucose Screening Clinics ......................................................... 22
  Primary Health Care Services ................................................................................... 23
  Counseling Services .................................................................................................. 23

Research ......................................................................................................................... 24
  Evaluation Research ................................................................................................. 24
  Hepatitis C Education Packages ............................................................................... 25
  Atlantic Intersdisciplinary Research Network (AIRN) .............................................. 25
  Professional Presentations ......................................................................................... 26

Partnerships/Collaborations ......................................................................................... 26
Executive Summary

The Community Health Clinic (CHC) opened its doors on December 02, 2002. Located in the heart of downtown Fredericton, New Brunswick the clinic is mandated to provide primary health care services to the homeless, drug addicted and others living in poverty as well as individuals without a family physician. The CHC is a nurse-run, nurse-managed facility operated under the umbrella of the Faculty of Nursing at the University of New Brunswick. The Clinic's binding ties to the University are firmly rooted in the function of the clinic as a service learning facility. At the clinic, students from a variety of disciplines are able to practice the skills learned in the classroom while providing a
valuable service to an often under served population in the greater Fredericton Community. The inter-professional service-learning environment of the CHC takes in students from Nursing (UNB & Sweden), Social Work (St. Thomas), Medicine and Pharmacy (Dalhousie & MUN), Occupational Therapy (Dalhousie), Massage Therapy (Atlantic School of Massage), Licensed Practical Nursing (NBCC), Office Administration (CompuCollege), and Human Service Counseling (CompuCollege).

The primary health care services offered by the staff and students at the Community Health Clinic include but are not limited to: vital primary health care screening, wound care/dressing changes (including care of infected injection sites), Methadone Maintenance Treatment Program, Needle Exchange Program, Mantoux testing for tuberculosis, flu vaccine clinics from mid-October to mid-December; Twinrix vaccinations for Hepatitis A and B protection, Tetanus vaccinations, testing for sexually transmitted infections including HIV and Hepatitis screening, PAP testing, pregnancy screening and prenatal care, physical and psychosocial assessments, counseling and support, clothing bank, warm showers, a modest food bank, and laundry facilities.

Outreach to the local Men’s Emergency Shelter and Community Kitchen is provided by clinic nursing and social work staff and students. Outreach activities include: blood pressure and blood glucose monitoring, flu vaccines on-site each flu season, provision of condoms, counseling/support, education on health-related topics, and referrals as appropriate. The Street Outreach Program was initiated in September 2004, as a means of connecting with homeless youth and others living on the streets of
Fredericton. Through the Street Outreach Program, clinic staff and students walk the streets of the downtown core of the city most heavily populated by the homeless, equipped with bottled water, non-perishable food items, clean needles, and condoms. During cold weather they offer hot chocolate, mittens, scarves and hats. Individuals contacted during outreach activities are informed about the services offered at the CHC and are encouraged to use the facility as needed even if only to come in from the cold.

Additional educational outreach is provided to community service organizations as well as government departments and hospital units. At the request of the organization, the nursing staff of the CHC is available to conduct information sessions pertaining to the programming available within the clinic. The purpose of these sessions is to increase community awareness of the primary health care services available at the CHC, increase public understanding of harm reduction modalities such as Methadone Maintenance Treatment for opiate addiction, and develop or enhance partnerships with agencies currently offering complimentary services within the community.

Community support is essential for the success of the Community Health Clinic as the clinic was developed within a primary health care framework and from a community development perspective. To date, various community groups and churches as well as volunteers from the Fredericton area have been overwhelmingly supportive as evidenced in the generous donations made to the CHC of both time and resources. In addition, through partial funding the Department of Health recognizes the extensive services provided by the clinic.
Mission Statement

The Community Health Clinic rests on the vision of a community in which each person has reasonable access to primary health care. The mission of the CHC is to provide evidence-based and community-based, academically integrated primary health care to poor and at-risk populations in Fredericton, while also providing a rich environment for research that is based in the community.

Clinic Mandate

- To partner with the University of New Brunswick and community agencies to conduct health related research.
- To provide an inter-professional avenue to support the education and training of health care.
- To provide a comprehensive primary health care service that is both accessible and acceptable to homeless persons, those living in unstable housing situations, and poverty.

Clinic Objectives

- To provide a service-learning environment where students can learn and practice clinical skills.
- To provide educational opportunities for students from collaborative health disciplines to work in health care teams.
- To provide an environment that supports health and community research.
- To research options for the delivery of alternative community health care models to better serve the target population.
- To partner with the homeless population, those in unstable housing situations, and poverty; as well as those who work with this population in order to develop and deliver a user-friendly, non-judgmental health service.
- To enable the homeless and other economically disadvantaged individuals to maintain and improve their health status and quality of life.
- To develop partnerships with other agencies providing services to the homeless and other economically disadvantaged people in an effort to strengthen and expand services currently offered.

In addition to renewing the mission, mandate, and objectives the business plan was updated to provide direction for the coming fiscal year and the terms of reference for the Advisory Committee were updated and agreed upon by the committee. (See Appendix A for the Terms of Reference) A copy of the Business Plan is available upon request.
Programs and Services

As a nurse-run and nurse-managed facility, nursing and social work staff in collaboration with the Nurse Practitioner who manages the clinic listen to the needs articulated by clients and adapt services and programs offered at the CHC accordingly. The needs of clients have and will continue to be the primary impetus for programming decisions and the evolution of primary health care service delivery. During the 2008-2009 CHC operating year, nurses’ appointments with clients amounted to 2213 hours. With more than 2000 clients with formal charts and many others who have sought services through the outreach program. The CHC currently provides the following services and programs:

- **Primary Health Care Services** - During this past year in addition to treating addiction and chronic pain, services were broadened to include a variety of health issues. A local physician, Dr. Dianne Stackhouse, continues to see clients two half-days per week. Health concerns most frequently dealt with by the physician, following a comprehensive nursing assessment, included: Methadone Maintenance Therapy for addictions and chronic pain, infections (sexually transmitted, hepatitis, respiratory, urinary tract, intravenous injection site abscesses, etc.), the need for referrals to other providers (mental health, obstetricians, etc.), women’s health (pap smears, birth control management), and a variety of other concerns. Twenty-eight hundred and ninety-one doctor’s visits were recorded during the 2008 - 2009 fiscal year. Students and staff provided primary health care services during 1410 client visits during the year.
Nursing, Counseling, and Support Services hours are estimated at a value of $177,680.

- **Addiction services** - The services available at the clinic for individuals addicted to substances included: individual, group, and family counseling; physical and psychosocial assessment and referral for appropriate treatment (e.g. Methadone Maintenance Treatment, counseling); a drug prevention education program for youth (Peer Education – Drug kNOw); the provision of Methadone for the treatment of narcotic addiction for persons living within and outside of the River Valley Health Authority; Methadone treatment for persons living with chronic pain in the greater Fredericton area; and urine drug screening to monitor individuals receiving Methadone in the management of their narcotic addiction. During this fiscal year, the CHC provided care to approximately 102 clients receiving Methadone.

- **Assessment and management of chronic and acute health issues** - Blood pressure and blood glucose monitoring was available on a walk-in basis as were blood sampling for laboratory examination; wound care and dressing changes; foot care; complete history & physical assessments; and treatment of common ailments. When deemed beyond the scope of nursing, patients were referred to the physician, other appropriate agencies, or the regional health center.

- **Health promotion** - Health promotion programs included smoking cessation counseling, stress management, self-esteem building, and client teaching concerning safer sex practices. Programs to promote health while living in precarious situations with limited resources and support (e.g. nutrition
counseling, STD prevention) was provided by nursing, social work, students and volunteers as appropriate.

- **Preventative Services** - Staff at the CHC are aware that providing service in a timely way can reduce the amount of morbidity in the community. Prevention services offered during the fiscal year included:

- **Screening** - Screening activities included Mantoux testing, screening for Hepatitis, HIV, and sexually transmitted infections. Equipment was purchased to facilitate screening for hearing problems. Pap tests were conducted to screen for cervical cancer, and screening was conducted to rule out breast and testicular lesions. The CHC conducted blood pressure and glucose checks to screen for hypertension and diabetes for a number of businesses in Fredericton.

**NOTE**: Following the closure of Planned Parenthood in Fredericton, the request for pap tests markedly increased at the CHC.

- **Immunizations** - The CHC offers Flu Vaccine Clinics each fall and in early January. Flu vaccine boosters are offered to the more vulnerable members of the population, such as seniors or those with chronic illness. Flu vaccines are offered to any interested individual presenting at the CHC and meeting the criteria for vaccination. They are offered to both staff and people accessing the services at: the Shelters, the Community Kitchen, the Multicultural Association, AIDS NB, the John Howard Society, students at UNB. During the 2008-2009 flu season **154 influenza** immunizations were administered. In addition, throughout the year we administered a variety of other immunizations as requested by Dr.
Stackhouse. Most frequently we administered Tetanus and Diptheria, and Twinrix. Last year we provided 151 immunizations in addition to the flu vaccine.

- **Needle Exchange** - (a satellite of the AIDS NB Needle Exchange) was provided to allow persons in the Intravenous Drug Using community to access clean needles and works. Condoms were provided to encourage safer sex practices.

- **Public Health and TB** - The Community Health Clinic has been working closely with the Provincial Public Health Office (Communicable Diseases Branch) and the Multicultural Association of Fredericton in following cases of latent Tuberculosis in immigrants and refugees to Canada. People moving to Canada who have been flagged by the Citizenship and Immigration Canada Office receive a letter from the Public Health Office advising them to contact Public Health who then refer them to the CHC for follow-up. The nurses and Dr. Stackhouse see the clients, complete a physical exam, Mantoux test, and order a chest x-ray as needed. When indicated clients may require further treatment including a prescription, education, and blood work.

- **Women’s Health** - Over the past year the CHC has seen a notable increase in the number of women seeking sexual health care including Pap tests, breast exams, pregnancy tests, prenatal care, family planning counseling, and the administration of injectable birth control.

- **Counseling** - Both individual and group counseling sessions are available at the CHC. Elements of Choice Theory provide a foundation for some of the counseling provided. During the 2008-2009 CHC operating year, counseling appointments with clients numbered 2180. Counseling services continue to be
broad based and include dealing with issues related to addiction, mental health, child and adult protection, income assistance, housing, family violence, availability of community resources, and general life style problems. Counseling sessions are offered both in person and by phone. This year we were able to facilitate finding appropriate housing to 16-18 persons.

- **Referrals** - Appropriate referrals to other community agencies are made according to the needs of the individual client. CHC staff makes necessary travel arrangements for clients to enable them to attend previously scheduled appointments. On-the-spot referrals to services such as the Emergency Department at the Regional Hospital, Mental Health, Sexual Health, and Addiction Services were offered to clients as needed.

- **Foot Care** - CHC clients have access to a nurse and volunteer both with foot care certification. Regular on-going foot care clinics are offered to the CHC clients. Donations are requested from those who can afford it, in lieu of payment, a strategy that is consistent across programs that provide a service. During the past fiscal year, 65 clients visits were provided foot care services.

- **Massage Therapy** - A massage therapy program is offered in the CHC by the students and instructors from the Atlantic College of Massage Therapy. Clients of the CHC, including those with chronic pain, are eligible to join the program and have a weekly massage. Outcomes that have been identified from the program are decreased stress levels and greater ability to cope with chronic pain issues among clients taking advantage of this service. During the 2008 - 2009 fiscal year 183 massage therapy treatments were given.
Outreach services - Services were offered within the community at both the Men’s and Women’s Emergency Shelters, the Community Kitchen, and on the street. Outreach services provided an opportunity for staff and students to meet and interact with the people living in the shelters and on the street. CHC staff and students initiated and fostered relationships with those who in the past have been reticent to seek healthcare and social services from conventional health care facilities. Going to where people live also allowed the staff of the CHC to identify the needs of those who are homeless from their perspective. Understanding that, in this vulnerable population, care providers need to be consistent in their approach and that they have to earn the trust of the community, efforts were made to maintain a consistent presence. The success of this strategy became evident over the summer following the hiring of a social work and nursing student to do outreach. Because of the consistency of their visits and their ability to gain trust in the community, the number of people with whom they interacted grew dramatically. The summer of 2008 saw 183 interactions. During 2008 – 2009, 457 persons received outreach services through interaction with staff and students from the CHC. CHC outreach services may be categorized into two distinct programs: Outreach Program for the Fredericton Shelters and the Community Kitchen; and Youth Street Outreach Program. The Community Health Clinic provides a number of outreach services including: food bank, clothing bank, warm meal, warm showers, laundry services, and satellite needle exchange program.
- **Clothing Bank** - Clothing donations have enabled the clinic to maintain a modest supply of seasonal clothing and footwear. Clients may drop in to see Julie Verner, our clinic assistant, to request various items on an as-needed basis. When clients have a specific need, requests are made to the community for donations and as a result we have been able to meet individual needs, such as to supply appropriate footwear for those with new work opportunities, and winter coats for individuals spending most of their time on the streets in very cold winter weather. The generosity of the Fredericton community has further enabled the clinic to provide warm blankets to those sleeping outside and modest home furnishings such as small appliances or furniture items to people on social assistance living in rooming houses. The Clothing Bank was accessed 583 times.

- **Modest Food Bank** - A small stock of snacks, soup, drinks, and non-perishable food items is kept on-hand for distribution to those in need. Some of these items are given to the homeless and near homeless during street outreach. Clients may also drop in to the clinic for a bowl of hot soup or noodles prepared by clinic staff if they miss lunch at the Community Kitchen. **Sixty-six** hot meals were given to clients during this fiscal year along with a distribution of **602** requests for food.

- **Laundry Services** - A washer, dryer and clothesline are available for the provision of drop off laundry services. Clients are able to access this service on an as needed basis. There was a dramatic increase in the use of the clinic’s laundry services during this fiscal year. Laundry services were accessed **2760** times.
• **Showers** - The clinic has a shower available for those who would otherwise not have access to hot and/or clean water. Clean towels and toiletries received through donations are provided with each shower. Donations of personal items come from many sources; however, one hotel in the city provides the majority of the toiletry items. Clients are welcome to come freshen up while warming up in the winter and cooling down in the summer. This fiscal year 151 showers were taken.

• **International Program** - A partnership with the local Multi Cultural Association has been established. Through this program new immigrants and refugees are referred to the CHC for health screening and health care services until they acquire family doctors and/or a Medicare card. One of our volunteers, a retired nurse, began to act as a liaison between the clinic and the Multicultural Association. It is hoped that she will be able to help facilitate improved communications, assist with prioritizing appointments, and streamline the process for this population.

• **Subsidized Transportation** - Through the Transit Fare Assistance Program established by the City of Fredericton, the CHC was selected as one of the recipients of 1000 bus tickets. CHC staff was able to provide these tickets to clients in need of transportation who would otherwise be unable to attend appointments or simply get back home due to physical and financial constraints. During the previous fiscal year, the demand for these bus tickets was so great that the ticket supply was exhausted well within the time frame of this municipal
pilot program. During this fiscal year, we chose to restrict tickets to 2 per visit, so as to ensure tickets were available for those most in need.

- **Holiday Basket Distribution** - Each year, at Christmas, the CHC prepares holiday baskets for clients and their families. The baskets are filled with the makings for a seasonal dinner, along with a few small gifts. Community members, including the Faculty of Nursing Support Staff, provided donations of cash and goods. Clients who have been able to improve their standard of living as a result of their relationship with the CHC provide anonymous donations for this spirit-lifting holiday gift.

- **Educational Programs and Services** - Various programs are offered through the clinic to assist clients with literacy skills, nutrition education, health education, including but not limited to STI and Hepatitis awareness, job search and resume preparation, etc. The staff of the CHC believes that it is important to collaborate with clients in determining topics to be addressed during educational workshops offered. For example, nursing students gave presentations at the Men's Emergency Shelter on ‘Proper Hand-Washing Techniques’, ‘Effective Communication Skills’, and ‘The Basics of Methadone Maintenance Treatment (MMT)’ for the management of opiate addiction as clients and staff at the shelter identified a need for information on these topics. A nursing student and a social work student collaborated on a presentation on ‘Sexually transmitted infections’ delivered at a health fair sponsored by UPS. General information on the CHC as well as the basics of MMT was provided to staff at DECRH Emergency and
Discharge Planning departments. One of the regular educational programs provided by the students is a peer program based in middle schools in the area.

- **Peer Education Program (Drug kNOW)** - The objective of this project is to develop a sustainable Peer Education Program to involve and educate middle school aged students about the issues associated with substance use/misuse and addictions. Students learned about the influences of substance use/misuse and were trained as peer mentors to effectively educate other students in the prevention of substance misuse. To have a stronger awareness of the issues and to become better informed about the solutions empowers youth to take responsibility for their own actions and to provide support for their peers. Nursing students were an integral part of the development process of the Drug kNOW Program, as they acquired and shared the skills and knowledge to deliver this program in designated schools. A description of nursing student involvement in this program will follow in the “Teaching” section of this report.

- **CHC Volunteer Initiative** - The Community Health Clinic often attracts nurses as volunteers. Some are students looking to gain experience, some are RN's actively practicing elsewhere, and some are retired nurses wishing to keep active by volunteering. In the latter group, we see a genuine interest in helping the clinic with health-related activities. Clinic nurses were enrolled in an educational course providing the skills development to encourage a more satisfying volunteer experience for this group of volunteers. In turn, this helped the CHC with volunteer retention. Volunteers are eager to work on programs but with insufficient staff to facilitate, they often lose interest waiting for programs to be
developed. By offering an orientation program to assist them in becoming more skilled at delivering presentations or developing programs, we can tap into a wealth of expertise and provide a referral service to other volunteer organizations.

**Teaching and Service-Learning**

Students from the UNB Faculty of Nursing are able to fulfill the requirements of their community clinical placements at the CHC. In addition to nursing clinical placements, students from various educational institutions are encouraged to attend educational sessions with clinic staff on topics such as signs and symptoms of drug addiction and harm reduction modalities. Students are further encouraged to offer volunteer hours and may participate in activities such as outreach to the local shelters or the streets. In the 2008-2009 fiscal year, nursing students completed **7457** hours of clinical service learning.

In addition to undergraduate nursing students, Master’s of Nursing and Computer Science students use the CHC as a site for clinical placements, to conduct research, to take part in project development, and also as a place to volunteer. Students from Saint Thomas University Department of Social Work and CompuCollege students enrolled in the Child and Youth Worker Program were preceptored by the CHC staff Social Worker. A Licensed Massage Therapist hired through the Atlantic College of Therapeutic Massage supervises massage students. A Master of Social Work student and 2 Medical Students from Dalhousie University completed clinical practicums at the CHC. Finally,
Licensed Practical Nursing (LPN) students from the New Brunswick Community College continue to access the clinic year-round to complete their clinical placements under the guidance of the CHC nursing staff. Total student hours from all disciplines for the fiscal year 2008-2009 are 8541.5 hours.

As part of the teaching-learning process, the two staff nurses at the CHC developed an innovative exercise to familiarize nursing students with the community while helping them more deeply connect with the homeless. The idea of ‘Eight Homeless Hours’ was derived from a brainstorming session intended to overcome impediments to student learning. As part of this activity, students are given a scenario where they are expected to ‘live’ as a homeless person for eight hours. During this period, they are required to locate various agencies in the city and determine what criteria must be met to use these agencies. The Emergency Shelters, Community Kitchen, and YMCA outreach program are among the many services that will provide the ‘homeless’ students with information as they fulfill the requirements of this assignment. Evaluation is an extremely important component in this curriculum development process, especially because this is a new assignment. As part of the learning process, students were asked to provide input about this experiential learning activity including suggestions for improvements to the learning experience.

Included in the service-learning opportunities for students are:

- **Peer Education Drug kNOw Program** - Third year nursing students were given the opportunity to deliver this innovative program; teaching middle school aged
students about the use/misuse of drugs, alcohol and tobacco. These nursing students delivered information sessions focusing on drugs, addiction, hepatitis C, coping skills, and peer education. During the fall term, nursing students were able to develop an understanding of the issues surrounding drug use/abuse among members of the middle school aged population. They were also able to develop a broader concept of how nursing can develop, participate in and influence a program such as the Peer Education Drug kNOw program. Nursing students made presentations to Grade 8 students, conducted information blitzes for grade 6, 7, and 8 students, and developed relationships through discussions with school administration and the Guidance Counselor or Public Health Nurse assigned to each school concerning drug-related issues. This program has been implemented in four local middle schools, including Nashwaaksis Middle School (2008/09) Devon Middle School (2006/07, 2008/09), Albert Street Middle School (2006/07, 2008/09), Chipman Forest Avenue School (CFAS) in 2005/06 and Upper Miramichi Regional High School (UMRHS) in 2005/06. In the past year 14 nursing students went to Devon and Albert Street Middle schools. Certificates of completion were given to 25 middle-school students who completed the train-the-trainer program.

- **Outreach Program** - Nursing and Social Work staff and students participate in outreach to the streets of Fredericton as well as to the local emergency shelters and community kitchen conducting the multitude of activities outlined in the program section of this report. (See Programs and Services Section for details)
• **Massage Therapy Clinical** - Students from the Atlantic College of Massage Therapy attend the clinic each Thursday offering free massage appointments for CHC clients and other interested individuals dealing with chronic and acute pain. Both hour-long appointments and 20-minute corporate massages (partial body massage) are available. Massage student placements are usually 10 weeks in length, a time frame that allows for the majority of students to develop a knowledge base about addiction and chronic pain.

• **Methadone Program** - Fourth year nursing students compiled information presenting it in a multi-pamphlet format. The students spent the first few weeks of their rotation asking clients what they wanted to have as additional information with regards to the Methadone Maintenance Treatment Program. They spent some time researching these topics compiling their findings into pamphlets entitled: Tapering off Methadone, Methadone and Prescription Medication, Methadone and Pregnancy, Handling Craving Experiences, and Methadone and Illegal Drugs. The pamphlets were produced on colorful paper and made available to the clients as requested.

**Blood Pressure and Glucose Screening Clinics** - Screening can minimize the long term effects of many chronic illnesses by determining the presence of the illness condition prior to it causing permanent damage to the body. Nursing students, LPN students and nursing staff offer blood pressure and blood glucose screening on a walk-in basis or by appointment at the CHC five days per week. In addition, these screening services are offered during outreach to the Men’s Emergency Shelter and Community Kitchen as well as during specifically
designated Healthy Heart Clinics at various locations around the city such as
Investors Group and NB Investment Management Corp..

- **Primary Health Care Services** - Students are exposed to the concept of primary health care in completing their clinical placement at the CHC. For instance, each week students participate in "clinic day" where clients have access to a physician, nurses, social workers, and massage therapists. Service provision is based on a primary health care model in which clients are viewed holistically, are active participants in developing a plan of care in an environment that emphasizes a health promotion/illness preventative approach.

- **Counseling Services** - Students in their final term of Social Work completed their Social Action Placement. Two groups of three worked on special projects: Rooming House inclusion in the Rentalsman Agency and an evaluation of the Drug kNOw program. The focus of this particular placement is social work provided in a community setting with a vulnerable population. Students are taught how to access other agencies in the provision of care to clients. They also are able to learn about issues facing the marginalized populations most frequently accessing the CHC, which include: being addicted, having difficulty accessing methadone treatment; living with stigma; making ends meet with limited resources; being diagnosed with hepatitis C; and having to work with Child Protection. Students learn aspects of Choice Theory while working in the CHC with clients with multiple health issues.

In addition to students completing clinical hours in the CHC for their course requirements, a number of students are hired each year in student work placements.
This fiscal year, two nursing students worked during the summer months. After Christmas, one nursing student was hired to work for 10 hours per week. Students continue to be mentored by staff during their work placements, which creates a rich environment for learning on a continuous basis.

Research

One of the objectives of the CHC is to develop community based research initiatives that inform practice. The CHC intends to offer services that have a strong foundation in evidence-informed research and evaluation. The aim is also to provide a space in which research can be conducted both ethically and safely for client and researcher. Being involved in community based participatory research through their association with the CHC provides both students and members of the community the opportunity to see how research is conducted, be part of the process, initiate the research process, and gain invaluable knowledge working with more seasoned researchers. In addition, findings from studies and projects being conducted are disseminated as part of the learning process. Where applicable findings form the basis of the evidence upon which programs are built and evaluated. The following are a number of examples of research which is being conducted at the CHC:

- **Evaluation Research** - Programs and services offered at the clinic are continuously evaluated to ensure that what is being delivered actually meets the needs of the target population. Data is collected on all clients seen at the clinic to ascertain various demographic and health-related variables in addition to monitoring client satisfaction with service provision. On a bi-annual basis, nursing
students conduct an environmental scan as part of their clinical placement at the CHC to identify gaps in service provision within the Fredericton community. All information gathered is used in the evaluation process, which in turn guides program development.

- **Hepatitis C Education Packages** - Nursing students produced a comprehensive education package for use with clients newly diagnosed with Hepatitis C following an in-depth search to determine what was available and what the current best practice guidelines recommended. The need for this resource package stemmed from a partnership between CHC staff nurses and Communicable Disease nurses employed by Public Health. Both CHC and Public Health nursing staff are currently using this package in an effort to streamline knowledge dissemination and to integrate the evidence uniformly across service providers.

- **Atlantic Interdisciplinary Research Network (AIRN)** - The Atlantic Interdisciplinary Research Network (AIRN) is a group of university-based researchers, from a variety of disciplines in Atlantic Canada, who came together to build a team to conduct research and disseminate existing knowledge concerning HIV and Hepatitis C (HCV). AIRN works to share information and coordinate research efforts in HIV and HCV throughout the Atlantic Provinces to improve the quality of life of those affected by HIV and HCV and to shape policy and program responses. Coordinating efforts across the Atlantic region will have a much greater impact, particularly with respect to information dissemination, knowledge uptake, and policy development. Two nursing staff of the CHC are
members of AIRN; one has received a CIHR studentship from the endeavor and the other is a Co-PI of the project.

During their work placements the students learn new research skills and participate in on-going projects. During the fall, the nursing student continued to work at the CHC 10 hours per week in the capacity of a research assistant gaining knowledge about how to work with multiple points of data at any one time. In addition, a Nurse Practitioner student was provided with a SSHRC studentship to complete 6 hours per week gathering data about the hepatitis C status of CHC clients and another Masters student conducted a research project to determine the best practice guidelines to follow when developing a treatment program for Hepatitis C.

- **Information Dissemination**
  - **Professional Presentations**
    - Margaret Dykeman, Nurse Manager, presented at the Crime Reduction Conference in Fredericton, NB in April 2009. The title of the presentation was The Role of Health & Wellness in Public Safety
    - Margaret Dykeman, Nurse Manager, presented at the CAN Leadership Conference in February, 2009. The title of the presentation was Supporting Clients on Methadone Maintenance Treatment.

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**Partnerships/Collaborations**

The infrastructure of the CHC has been developed based on the provision of service-learning within a community development model. This model focuses on the achievement of community goals and includes a true partnership among the population,
clients and service provision agencies. Programs are initiated based on the need of the community as voiced by the community. During the period of time that the CHC has been in operation the Staff has continued to strengthen existing partnerships and to begin to develop new ones.

- The nurses from the CHC and the Fredericton office of Public Health Communicable Diseases Branch met every two months to discuss relevant information and changes to procedures in reporting and following up with such public health issues as: sexually transmitted infections, Hepatitis, tuberculosis, teenage sexual health.
- Hope Piers, Registered Social Worker, was an active committee member of the Community Action Group on Homelessness.
- Margaret Dykeman, Nurse Manager, is a member of the Provincial Mental Health Services Advisory Committee.
- Margaret Dykeman, Nurse Manager, is a member of the Association for New Brunswick Community Health Centres.
- Tracey Rickards, Research Nurse, is the president of the board of directors for AIDS NB.
- Tracey Rickards, Research Nurse, is a member of the Multi Cultural Association of Fredericton Settlement Committee.
- Stacie Taylor, Research Nurse, is a member of the Multi Cultural Association of Fredericton Health Committee.

**NOTE:** For a list of other partners and community links see Appendix B.
Funding

The CHC provides the multitude of services described, conducts research, and provides a venue for service learning despite not having core funding from any one single source. The university has endorsed the CHC as a service-learning venue and a means to be more prominent within the community. Currently the Faculty of Nursing provides monies to pay for the teaching hours that occur within the facility. Monies also come from funding campaigns, with donations coming from faculties and staff of the University and from external foundations.

- The Provincial Government has made a commitment of $100,000 per year for the next five years, beginning in 2008, as an example of a proposal submitted on behalf of the CHC.
- Another source of funding is a grant from the Meighen Family Foundation, pledging $500,000.00 over 5 years.
- Other sources of funding for the 2008-2009 year included: the Fredericton United Way Campaign and the Fredericton Community Foundation.
- Smaller amounts of money have been received from community churches, area residents, visitors and clients.
- In addition to money, donations of goods and services are received on a regular basis from the community. Bottle returns, book sales, and raffles contribute to petty cash.

An annual *Open House* in December provides both an opportunity to increase the awareness of services being offered by the CHC. During the coming year, staff at the
CHC will be seeking other sources of revenue for services being offered to support the increasing demand for services that is occurring. The CHC also relies on funding proposals to provide financial assistance for programs and some of the staffing budgets.

**Snapshot of Income for the year**

- Support from the Faculty of Nursing covering half of the salaries of the two nursing positions for their teaching commitment.
- Private donations from local churches, community members and our donation box contributed $5111.00
- Income from medical assessments, flu clinics, Workman’s Compensation, and glucose clinics contributed $3020.00.
- The proportion of the Meighen Family Foundation pledge for this year was $125,000.00
- The United Way Campaign has contributed $9,869.04 during the year. Funding is renewable until 2009.
- The Fredericton Community Foundation contributed funds in the amount of $1,000.00 towards replacing a used fax machine and shredder, as well as purchasing some additional locking file cabinets.

**Human Resources**

Dr. Dianne Stackhouse: Independent Physician, MD
Margaret Dykeman: Nurse Manager, NP, PhD
Stacie Taylor: Research Nurse, BA, RN, BN, MN student, Foot Care Specialist
Professional Development

Staff members are all active in the community. They volunteer time to many of our partners and other community groups. For instance, currently staff members are fulfilling such roles as: President of the board of AIDS New Brunswick; Social Planning Committee member; and Community Action Group on Homelessness member, which includes staff representatives from the local emergency shelters; John Howard Society, and YMCA working together to support one another through the difficulties faced in working with the marginalized clients we share.

In addition, staff members have completed a number of educational programs during the fiscal year as listed below:

- CPR training for clinic staff, August 2008 and annually. The clinic staff is trained to provide CPR as needed. A clinical instructor from the Faculty of Nursing provides the training.

Volunteers

Volunteers are essential to the operation of the CHC. The CHC relies on volunteers to support the clinic in a variety of ways:

- To sit on the Advisory Committee.
- To assist with fund-raising activities and procurement of goods.
- To promote the clinic in the community by offering presentations.
- To assist community partners.
- To provide office assistance.
- To assist with various programs
- To assist with fund raising

The number of volunteer hours contributed to the clinic during 2008-2009 was calculated to be **924**. Among the volunteers are members of the population being served, members of the greater community, students and faculty. Some of our very active volunteers are highlighted below:

**Mavis Doucette** – Mavis, who has volunteered at the CHC since its opening in 2002, works tirelessly making presentations to community organizations and church groups to disseminate the mission of the CHC. Mavis’ efforts have enabled the clinic to secure numerous donations of goods, services and money. Mavis has a close affiliation with the CHC Outreach Program in that she has taken students out to the streets introducing them to many people. She is very well known to Fredericton’s homeless and underprivileged population.

**Diane Castle** – Diane volunteers her time to provide foot care services to the clients of the CHC. She visits the clinic one morning every 6 weeks, providing foot care services to approximately 5 or 6 clients.

**Brenda Mercer** – Brenda is a registered nurse, working on her Masters of Nursing. She previously worked at the clinic. She volunteers to replace nursing staff on an as-needed basis.
**Edee Klee** – Edee volunteers her services as a Naturopath, working with CHC clients referred to her.

**Lorie Bateman** – Lorie volunteers her time with Assisted Yoga with Massage Therapy one or two afternoons each week.

**Community Health Clinic Advisory Committee for 2008-2009**

The Advisory Committee is made up of members from the community, the University and the government as listed below:

Janice Thompson, Dean UNB Faculty of Nursing

Grace Getty, Professor UNB Faculty of Nursing

Pat Carlson, - CEO, Changes

Brian Duplessis - Director - Fredericton Emergency Shelters

Pat Davidson – Retired Faculty, Faculty of Nursing

John Campbell, Independent Financial Consultant

Roger Cole, UNB Research Office

Sue McKenzie-Mohr, St.Thomas University

Bob Skillen, Chief Advancement Officer, University of New Brunswick

Carla LeBlanc, CHC client

**Awards**

The Community Health Clinic received the Mental Health Award in June 2007.
Future Directions

During the coming year there are a number of plans to better meet the needs of the community, to continue to support staff development, research, and to build new or improve existing partnerships. On-going evaluation of programs presently being offered and those just beginning will be an integral part of program delivery at the CHC. A few of the new and recurring activities will include:

- **Peer Education, Drug kNOw:** Contact has been made with two more middle schools in Harvey and McAdam. It is expected that 3rd year nursing students will be able to provide the program at these schools in addition to Albert Street Middle School and Devon Middle School as a part of their community clinical placement.

- Exploring options to address the need for a larger facility in which more services can be offered as appropriate to those in need

- Further development of a program for new immigrants and refugees

- Securing funding to cover the cost of a Nurse Practitioner to be implemented in the Fall of 2009.

- **Public Health Nurse and Hepatitis C:** Over the past few months we have again noted an alarming increase in the number of newly diagnosed Hepatitis C (HCV) clients. The public health nurses have a relatively narrow mandate that notifies and gives newly diagnosed clients minimal information about living with HCV.

- The staff of the CHC will continue to look for opportunities to learn, conduct research, publish, disseminate, present, and share new concepts. We believe that it is incumbent upon us to educate others about the CHC; how primary
health care can improve the health of Canadians; harm reduction as an alternative to model to reduce the risks; and various other areas of interest.

The staff has a keen interest in life-long learning. Stacie Taylor will complete the Nurse Practitioner stream of the Masters in Nursing degree program in 2009. Tracey Rickards has completed her competencies for her PhD in Nursing, and Judy Orr has completed over half of the requirements in the Masters of Business program.

Conclusion

In keeping with the University of New Brunswick President’s goal to be more interactive with the community, the Faculty of Nursing opened the Community Health Clinic to provide another facility for nursing students to gain practical experience in a community setting. In addition to providing space for teaching, the CHC provides nurse-managed health care services for vulnerable populations who routinely have difficulty accessing the mainstream health care system: the homeless, near homeless, addicted and international populations living within the city. The CHC integrates teaching, research and service provision into a unique program of study from which students in both the graduate and undergraduate programs can benefit. One unexpected outcome of the CHC is that other educational facilities in New Brunswick and Nova Scotia have also requested and received permission to use the facility as a clinical placement. The CHC has become an inter-professional learning environment, rich in experiences and knowledge.
Appendix A

Terms of Reference - Community Health Clinic (CHC) Advisory Committee

Committee Name
This committee will be called the Community Health Clinic (CHC) Advisory Committee.

Goals of the Community Health Clinic Advisory Committee
To advise the Faculty of Nursing concerning the functioning of the CHC

Mandate of the CHC Advisory Committee
The CHC Advisory Committee will serve in an advisory capacity in overseeing the functioning of the clinic. To achieve this, the committee will promote an increased awareness of the issues surrounding homelessness and addiction in terms of advocacy initiatives and support of program and service delivery at the CHC. This is based on the fact that the CHC rests on a vision of a community in which each person has reasonable access to primary health care. The mission of the CHC itself is to provide community-based, academically integrated primary health care to poor and at-risk populations in Fredericton, while providing a rich environment for research that is based in the community.

Membership
Members of the advisory committee will include:

- 1 member of the public (CHC client)
- 1 staff member of the Clinic
- 2 representatives from the Regional Health Authority
- 1 representative from law enforcement
- 1 representative or designate from municipal, provincial or federal government
- 1 representative from UNB Development Office
- 1 representative from St. Thomas University
- Dean of Nursing
- 1 member of the Nursing faculty
- 3 members (i.e. Community Planning Group member and/or public at large)
- 1 person with accounting/financial/policy background
- University of New Brunswick VP of Research or designate

Chairperson
The committee will be chaired by a member who is not a member of the Faculty of Nursing.

Secretary
The CHC Office Manager will fill the secretarial position on this committee. This individual will be responsible for producing minutes for all CHC Advisory Committee meetings and conference calls.
Reporting
The CHC Office Manager will provide quarterly status reports of the Community Health Clinic’s activities to the CHC Advisory Committee. Based on these reports and pertinent data from other sources, the Committee will be expected to develop an annual work plan to assist the Dean in future planning for the CHC.

Member Roles and Responsibilities
Each member will have:
- Knowledge of homelessness and addiction related issues

Each member will:
- Attend four face-to-face meetings and participate in conference calls as deemed necessary.
- Review documents for meetings and be prepared to comment on the contents.
- Share information with other committee members.
- Quickly notify Community Health Clinic Office Manager of changes to his/her mailing address, email and contact number.
- Commit to a minimum of a one-year term for the Community Health Clinic Advisory Committee for the first year. Once the first year passes, all terms will be for two years each.
- Participate in the development and implementation of sub-committees (i.e. a Fundraising Committee; Workplan Committee) as specific needs for such sub-committees are identified.

Meeting and Time Requirements
- Face to face meetings of the Community Health Clinic Advisory Committee will be held four times per year. These meetings will be scheduled quarterly in: September, early December, February and May.
- Conference calls will be held as deemed necessary.
- Only a total of two face-to-face meetings and/or conference calls can be missed without good reason. A member will then be asked to give up his/her seat on the committee. If a member is dissatisfied with a dismissal from the committee, it is their right to appeal such decisions.
- Relevant materials will be distributed 5 days prior to each meeting.
- A meeting schedule will be planned once the committee is in place. The schedule will plan for 4 quarterly meetings each year.
- Committee members’ terms run from May until May.
- A quorum of 50% plus 1 is required.
- A subcommittee will be formed to act as a nominating committee.

Appeal Procedure
All complaints must be submitted in writing to the Chair. Each complaint will then be handled respectfully, and a healthy, positive solution sought to any problem that arises.

Expenses
Costs related to the meetings and conference calls will not be covered. Because all members are from the greater Fredericton area, it is not expected that any expenses should be incurred as a result of CHC Advisory Committee meetings.
Annual Workplan
In May of each year, the Community Health Clinic Advisory Committee will submit an annual *Workplan* to the Dean of the Faculty of Nursing.

Values
CHC Advisory Committee members will:
- Respect the opinions of others
- Practice honest, open communication
- Refrain from making value judgments against others
- Build consensus
- Mutually support and encourage one another

Decision-Making
The Community Health Clinic Advisory Committee will endeavor to reach decisions by consensus. Although the mandate of the Committee can only be to advise the Faculty of Nursing will seriously consider all recommendations put forward by the Committee.
Appendix B
Community Partnerships and Linkages

Federal
Corrections Canada
Parole office for the Fredericton District:
- The CHC has developed a partnership to offer addiction services for persons being released from the federal penitentiaries.
- The CHC works with parole officers to develop a partnership that streamlines the admission process to CHC. The CHC meets with representatives and has telephone consultations as needed.

First Nations
- The CHC works with First Nations communities to provide a culturally acceptable primary health care services for First Nations’ clients.

Provincial Health Department
Addiction Services:
- The CHC provides primary health care on demand for clients of Addiction Services.
- The CHC frequently communicates with Saint John, Moncton, and Miramichi Addiction Services concerning mutual clients.

Mental Health:
- The CHC shares a large number of clients with mental health agencies in the Fredericton area.

Family and Community Services
- Child Protection Services: The CHC works closely with case managers concerning the children of clients. In cases where children have been at risk, CHC staff has worked with child protection to stabilize the situation, which could mean removing children from parents or assisting parents to have children returned to their custody.
- Social Services: CHC nurses work closely with caseworkers. This close communication has benefited both the process and the client as less time is needed to cover all areas of concern.

Public Safety
- The CHC works with probation officers to ease clients’ transitions from provincial jails back into the community. The CHC acts as a satellite needle exchange program, and oversees clients on Methadone. The CHC works with the Police Department through the Community Policing Program.

Provincial Drug Plan
- The CHC works closely with the Director of the Drug Plan to advocate on behalf of clients to get special authorizations for clients (e.g. Methadone).
• Medicare office: The CHC has developed a positive working relationship with the Medicare office to facilitate obtaining Medicare cards for persons who need care within the system.

River Valley Health Authority
Public Health
• The CHC is developing a partnership with Public Health to look at prevention, detection, and treatment of hepatitis C and HIV and to coordinated an educational program in the area.

Discharge Planning, Extramural, and Emergency Room
• Staff from CHC has been offering educational sessions in all three departments. A referral system has been developed to facilitate client transition from the institution to the community.

Workers’ Compensation and DVA
• The CHC has been working with a representative from WHSCC to develop a bridging program to help individuals get back into the workforce and/or to better manage chronic pain issues.

Community Links
• The CHC works closely with the Fredericton Community Shelters and the Community Kitchen, providing outreach services, health teaching, and counseling.
• The CHC works closely with the outreach workers from the YMCA and John Howard Society to provide services to persons living on the streets.
• The CHC provides services for new immigrants through the Multicultural Association until they can get established with their own family physician.
• The CHC works with clergy in Fredericton to provide spiritual services for clients who desire them.
• The CHC provide drug prevention services in the form of a peer education program to middle schools in the Fredericton area.
• The CHC is a member of the Fredericton Community Planning Group on Homelessness.
• The CHC works closely with other educational institutions in the city to increase the availability of clinical sites.
• The CHC is a member of the United Way and the Fredericton Chamber of Commerce.