

VCH Community Engagement



# Pine Clinic Transition

Stakeholder Engagement Report

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# Summary

## Context:

In Spring 2014, Vancouver Coastal Health announced changes to its Primary Care program in Urban Vancouver. In order to better serve clients with complex care needs, Primary Care resources from the “Urban” clinics operated by Vancouver Coastal Health (Pine, Evergreen, South and Pacific Spirit) and a portion of non-physician funding from Mid-Main would be focused into a larger “Primary Care High Needs and Stabilization Clinic” at Raven Song Community Health Centre. Primary Care services for vulnerable youth would be enhanced at Raven Song with better hours and access to mental health and addiction services, and expanded at two other existing youth clinics.

## Engagement Process:

VCH Community Engagement was approached to conduct an engagement process around Primary Care redesign. The first stage of this process focused on stakeholders of the Pacific Spirit, Evergreen and South Community Health Centres (CHCs). The second phase focused on the transition of Pine Clinic services to Raven Song Community Health Centre.

The goal of the Pine Clinic youth engagement process was to gather input and feedback from those who had used Pine Clinic to ensure the planning for Raven Song was informed by the preferences and needs of the youth attending Pine.

Engagement of Pine Clinic stakeholders was done via a survey as well as interviews with Pine clients and service providers who refer youth to Pine. This report is a summary of feedback captured during this process.

## Key Themes:

- **Pine clinic provides excellent care and has a stellar reputation** among youth and service providers. There is a sense of loss around its closure.
- **Youth-friendliness is primarily about the care experience.** Friendly, non-judgmental staff and confidentiality are of paramount importance to serving youth well.
- **Many youth seek youth-specific care because they do not trust mainstream physician care.** Shame and fear/anxiety were common underlying themes in the stories of youth seeking care for sexual health issues.
- **Youth recommend that Raven Song offer youth-only clinic times** in addition to allowing youth to be seen during all of Raven Song’s regular hours.
- **On-site counselling, and serving youth without MSP coverage** were important parts of Pine’s services that should be replicated at Raven Song.
- **Long wait times** were an issue at Pine Clinic that youth would like to see improved at Raven Song.
- **Many youth and service providers do not feel adequately informed about this transition.** They are unclear if youth will be able to go to Raven Song and/or what services will be offered.

## Background

Primary care is the day-to-day, routine health care given by a health care provider like a general practitioner (often called a GP or family doctor), or a nurse practitioner. For 95% of people in Vancouver, primary care is usually provided by a general practitioner working in private practice who bills the provincial Medical Services Plan (MSP) for each service they provide to a patient. This arrangement is often called “fee-for-service.” There is a small percentage of the population whose needs cannot be met in this fee-for-service primary care model due to their complex care needs or life circumstances. Vancouver Coastal Health is mandated to provide primary care services to this client group.

Prior to redesign, Vancouver Coastal Health directly operated eight primary care clinics across Vancouver and funded the operation of three additional clinics by non-profit organizations. Of these clinics, five serve “Inner-city” Vancouver (roughly composed of the downtown core and Downtown Eastside, Fairview Slopes and Grandview Woodlands), and the remaining six serve “Urban” Vancouver. Collectively, these clinics served approximately 5% of the population of Vancouver (over 30,000 people).

In spring 2014, decisions regarding Vancouver Urban Primary Care Redesign were announced. Raven Song Community Health Centre’s Primary Care clinic would expand to become a “Primary Care High Needs and Stabilization Clinic”, designed to serve youth and those who cannot access mainstream primary care. This expanded clinic would be open seven days a week for twelve hours a day, offer a broader mix of health professionals, and have greater capacity to do home visits, outreach and offer satellite services.

The resources currently used to fund VCH’s “urban” clinics would support the expanded clinic at Raven Song. It was felt that resources from Pine Clinic – a stand-alone primary care clinic in Kitsilano which serves a mostly (75%) youth clientele – could be better used to enhance youth services at other locations. This was due to:

- The fact that roughly 70% of Pine’s clientele come from outside of the Westside of Vancouver and a more central location was thought to be advantageous.
- The need to provide a range of services to youth, e.g. mental health and addictions support, which could not be offered at Pine because of space limitations.
- The increased availability of other youth health services since Pine’s establishment in the 1970s.
- The need for more resources at other existing VCH youth clinics that were serving high numbers of youth with complex care needs.

The decision was made to transfer the youth services provided at Pine Clinic and enhance them at a new youth clinic at Raven Song as well as expanding services available at East Van and 3 Bridges youth clinics. Other youth clinics in Vancouver would be unchanged.

In addition, primary care resources from Evergreen, South and Pacific Spirit Community Health Centres would be moved to Raven Song. Funding for some administrative and clinical positions at Mid-Main Community Health Centre (a non-profit agency contracted by VCH to provide primary care) would also be moved to Raven Song.

## Methods

Prior to planning the engagement process, Community Engagement (CE) reviewed previous engagement work done by VCH in relation to youth clinics and spoke with VCH staff with significant experience working with youth. Through that research CE learned: a) Due to stigma attached to youth clinic and concerns about confidentiality, many youth will not participate in engagement activities that will publicly associate them with youth clinic; b) Engagement opportunities that require coming to an event are likely only to attract professional service providers and youth who are highly engaged and/or have a significant level of confidence. For those reasons, it was determined that the engagement methods used for this client group must enable youth to participate anonymously and at their own convenience.

A survey was developed targeting youth who had used Pine Clinic in the last two years. It was available online from August 21st until October 10<sup>th</sup>, 2014. Paper copies were also available in the Pine Clinic waiting room from September 17th to October 8th. A poster promoting the survey was distributed to youth service providers via email, and was sent to all other VCH Youth Clinics in Vancouver. Youth were offered a chance to win a \$50 gift card to Metrotown as an incentive to complete the survey.

At the end of the survey, participants were asked if they would be willing to participate in a 15 minute qualitative interview. Those who checked “yes” were contacted via email to arrange a telephone interview.

Qualitative interviews were also conducted with youth service providers in Vancouver who frequently refer youth to Pine Clinic as identified by Pine Clinic staff.

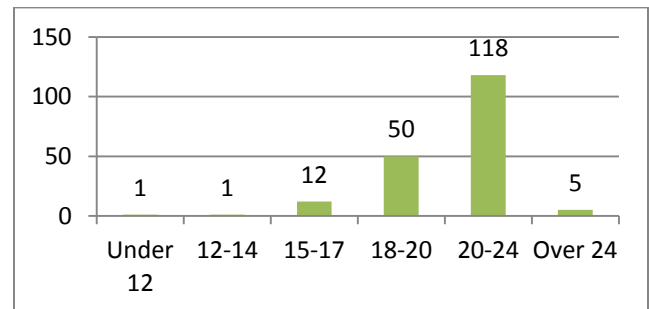
## Who Did We Hear From?

### Survey

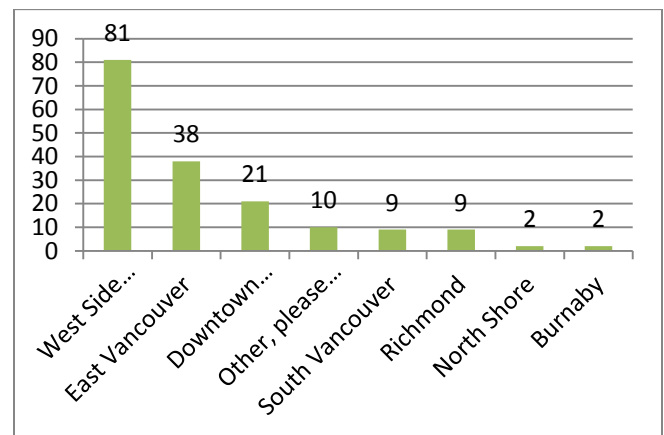
199 responses (163 completed responses, 82% completion rate)

94% female, 6 % male, no respondents identified as transgender

Age:



Where do you live?



### Client Interviews

- 10 youth were interviewed
- Ages 16-25.
- 9 female; 1 male
- 8 had been going to Pine for approx. 1 year, 2 had been going to Pine for 4-6 years
- 6 were from the Westside of Vancouver, 1 from South Van, 1 from East Van, 1 Richmond, 1 “Vancouver”

## Agency Interviews

Six phone interviews with service providers who commonly refer to Pine. Participants were management or front-line staff of:

- VCH Eating Disorder Program
- Vancouver School Board
- Burnaby Youth Custody
- Rape Relief
- VCH SACY program
- Ministry of Children and Family Development

Note: One additional service provider chose not to participate in the interview as she felt the engagement process was too late and that participation would give the appearance that she consented to the closure of Pine Clinic. At the same time she expressed hope that VCH and its community partners might find a way to partner in more authentic engagement in future decision-making processes.

## Limitations

The purpose of this engagement process was to inform the development of youth services at Raven Song. As such, it did not include the voice of the adult clients of Pine Clinic.

## Current state and next steps

Youth services are now being offered at Raven Song Community Health Centre during all of Raven Song's hours of operation. Youth-specific physicians, nurse practitioners and nurses (many of whom came from Pine Clinic) are available every day. VCH Vancouver Youth Clinics and Primary Care sites are tracking where youth that were previously accessing Pine Clinic are now receiving care, to ensure their care needs continue to be met.

Information contained in this report was provided to VCH senior management responsible for Primary Care and leadership at Raven Song. It continues to inform decision-making during this transition phase, e.g. Raven Song is currently in the process of setting up a new youth-only waiting area.

Senior Management will be circulating this report to all managers of Primary Care teams and Youth Clinics in Vancouver to improve the way these programs serve youth at all sites across the city.

## Findings

91% of survey respondents said that they do not use the other youth clinics in Vancouver.

### Why do Pine’s clients go to Pine instead of other youth clinics?

**The staff at Pine are friendly and non-judgmental:**

The most prominent theme in youth interviews and the survey was the positive attitude of Pine staff.

*“This one has my info and is the friendliest. Good hours, comfortable waiting room and very friendly staff.”*

Many youth described feeling sense of shame or embarrassment about their sexual history and that the staff at Pine Clinic normalized their behaviour, and/or did not judge them. Similarly, service providers noted that the caring and non-judgmental approach positioned Pine as the best option for youth who had been sexually assaulted but did not want to go to a hospital, STI clinic or their family doctor. Some youth mentioned having a very positive first experience at Pine in very difficult circumstances, and how important that was to keeping them engaged in care.

**Confidentiality and anonymity:**

Some youth had GPs, but would not see their GP about sexual health needs because their GP also treats their parents and they were concerned about their confidentiality. Some mentioned that they preferred to go to a clinic outside of their home community so they wouldn’t see someone they knew; a sentiment echoed by service providers.

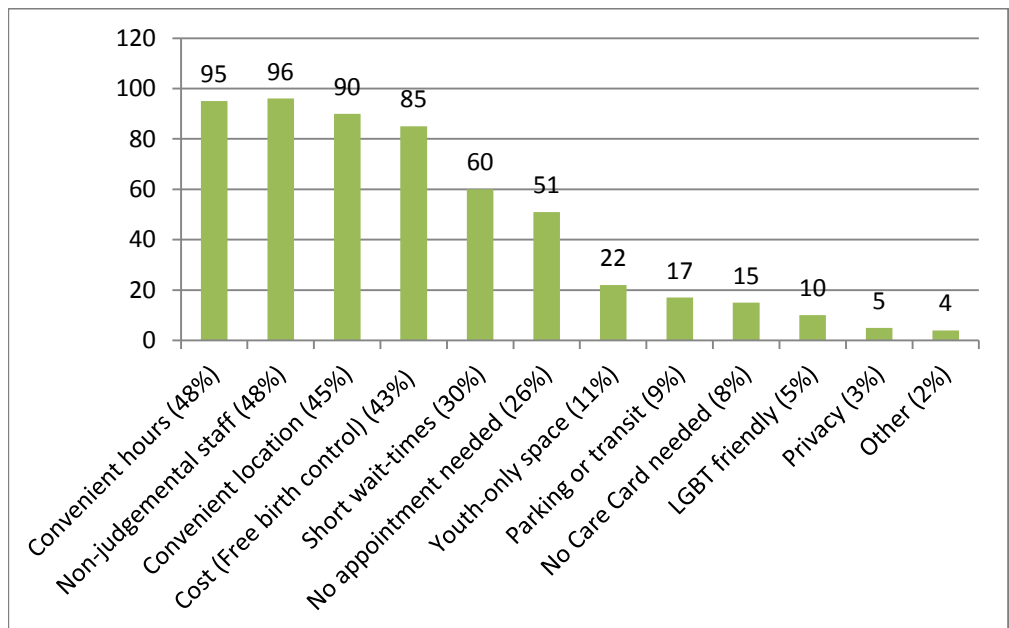
**Convenience:**

Pine is close to home, school or work for many respondents. The majority of survey respondents report using transit or walking to Pine Clinic.

Convenience was not always a major driver, however. Some respondents mentioned knowing about youth clinics closer to their homes, but going to Pine because they were happy with the care there. Similarly, a service provider mentioned that youth will travel long-distances for youth clinic. One survey participant wrote:

*“I started using Pine when I lived in Kits and I loved them so much I figured it was worth the wait/transit ride.”*

**When choosing where to go for healthcare what is most important for you?**



**Quality care:**

Service providers appreciated Pine staff’s content expertise in youth health issues, such as eating disorders and the “wrap around approach” of providing mental health counseling attached to primary care. One youth talked about appreciating that Pine would deal with more than one issue per visit and that staff took time for education.

**Reputation:**

Most youth interview participants described going to Pine for the first time on the recommendation of friends (45% of survey respondents). A couple of youth interviewees referenced going to Pine Clinic because of the positive reviews online (this was also mentioned by 21% of survey respondents). Service providers talked about the ongoing relationship they have with the clinic and its staff as well as the consistently positive feedback from often complex and vulnerable clients.

**Not knowing about other youth clinics:**

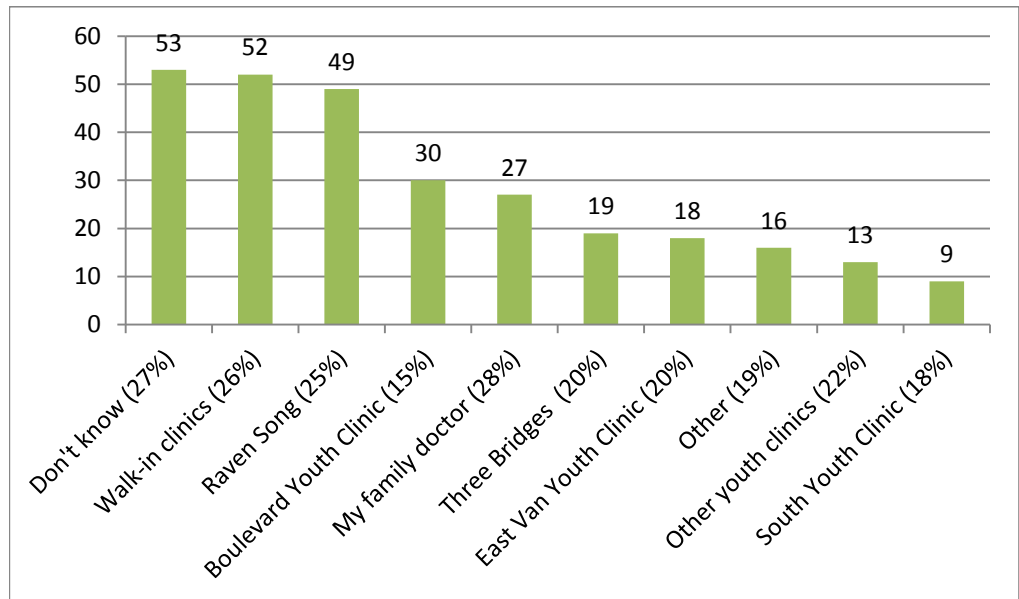
Some survey and interview participants noted that they weren’t aware of the other youth-only clinics.

**Accessible primary care:**

Some of Pine’s youth clients do not have MSP coverage because they are travelling or from out-of-province. Service providers also refer youth to Pine Clinic who are undocumented. Additionally, they mentioned not referring to other youth clinics that are not able to act as the primary care provider.

*“I refer...youth being released from Detention that live in the Pine catchment area – anything from immunizations to Depo-Provera to wound care. Also sometimes youth from other catchment areas because they can accommodate higher needs clients and they will see our youth right away.”*

**After Pine closes where do you think you’ll go for care?**



## Was there anything about Pine Clinic that could be improved upon at Raven Song?

### Wait times:

Youth described waiting up to 1.5 hours at Pine. Appointments were also very limited. One youth suggested that there be a kind of triage system for quick/simple visits that could be seen quickly. Another suggested that a clinician be available to take “quick questions” over the phone.

### Hours of operation:

Later hours would improve accessibility. For instance, it could be difficult to get to Pine in time after school when taking transit.

### Improved privacy through design:

Participants mentioned several aspects of the layout of Pine Clinic that could be improved at Raven Song to enhance patient privacy, including:

- More private reception area (for telling reception staff the reason for visit)
- Greater privacy when providing urine samples.
- Because Raven Song provides a range of services, not just sexual health, one youth thought it would be less stigmatizing to access care there.

## Improved access to mental health and addictions services:

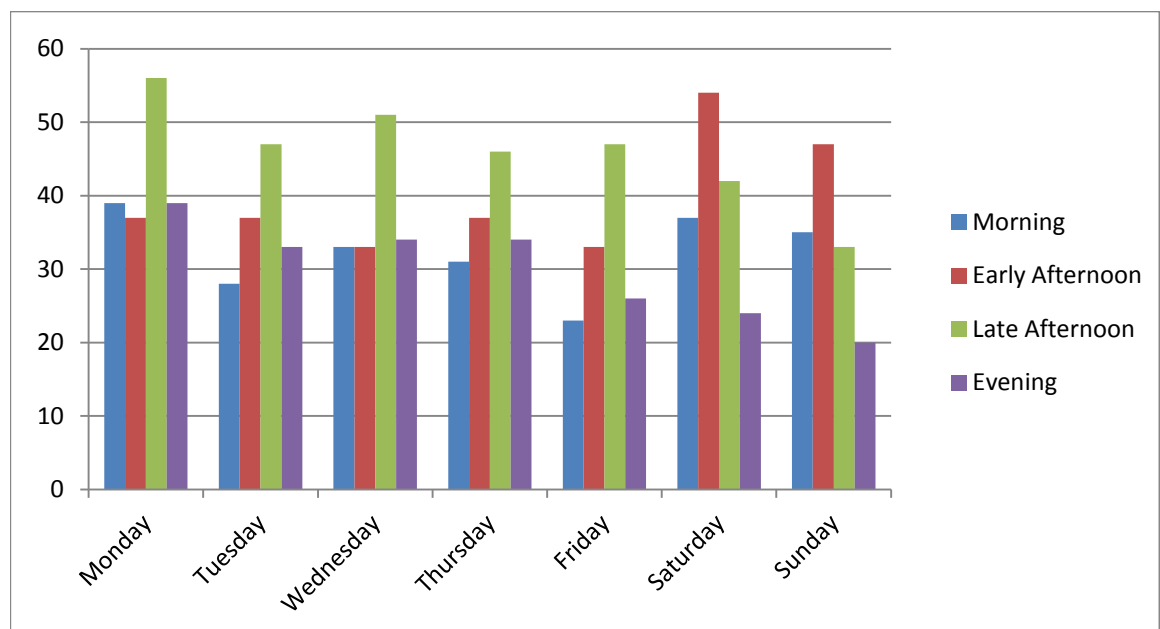
Service providers felt that co-location at Raven Song will allow for better access to mental health and addiction services for youth, but emphasized that access to the “general” counseling currently available at Pine was also very valuable, especially as eligibility for other mental health services has become more limited.

## How important would it be for Raven Song to have youth-only times?

Of survey respondents, only 11% identified youth-only space as one of their top 3 priorities when choosing where to go for health care.

In interviews, older youth (over 19) did not feel that youth-only clinic times were very important for themselves, but could imagine they would be important for younger youth. Indeed, youth under 19 all said that it would be very important for them to have youth-only times as they would feel like they were being judged by adults in the waiting room. One said that it is “more comfortable and less intimidating if it’s just a bunch of girls.”

**If Raven Song were to have youth-only clinic times, what would be the best hours?**





## What would make Raven Song's clinic "youth friendly"?

### Waiting Room:

- Most youth mentioned posters and brochures that are focused on youth health issues.
- Have a good selection of magazines available.
- Wi-fi
- Music playing in the waiting room, which is relaxing and allows for more privacy.
- Condoms freely available

### The care experience:

- Staff who are experienced at working with youth who are non-judgmental and have the right attitude
- Staff have time to provide education and counseling.

## What concerns do you have about going to/referring to Raven Song?

Youth survey respondents were asked about their concerns about going to Raven Song for care in an open-ended format. Responses were categorized into themes. Percentages reflect the frequency of each theme.

**14% of responses stated that they have no concerns about going to Raven Song for care.**

### Unfamiliarity (18%):

The most commonly cited concern among youth about going to Raven Song for care was about not knowing what to expect. Service providers and youth would like better communication about what services will be available for youth at Raven Song as well as when services will start. Some service providers felt "caught off guard" when hearing through word of mouth that Pine is closing.

### Convenience (18%):

For many respondents Raven Song's location is not as convenient as Pine. A service provider particularly mentioned Raven Song as being inaccessible from the West End. There was also concern that Raven Song's youth-only times would be more limited than at Pine.

### Quality of care (16%):

Several survey and youth interview respondents expressed concern that staff at Raven Song will not be as friendly and non-judgmental. A few youth interview participants mentioned feeling "a lot better" when they learned that several staff members from Pine Clinic would be going to work at Raven Song.

Some service providers expressed concern that the "essence" of what Pine does will be watered-down in a larger facility like Raven Song. They also worried that Raven Song will not have the capacity to absorb more patients and that quality of care will suffer as a result. However, when asked what they are looking forward to with the move to Raven Song, one service provider mentioned that their agency already has a relationship with Raven Song and knows they do good work.

### Wait-times (5%):

Wait-times at Pine Clinic can be very long. Youth and service providers expressed concerns that wait-times will be longer at Raven Song. In addition, service providers described Raven Song's waiting room as crowded and an overwhelming experience, and expressed concern that this would be a barrier.

### Mix of populations (4%):

Some youth made comments about being uncomfortable around more marginalized populations. While these comments were in the minority (approx. 10), it is important to be aware of the fact that this may present a barrier to some youth seeking care at Raven Song.

## What could we do to help youth feel more comfortable going to Raven Song for the first time?

### **Creating a positive first experience – friendly and welcoming staff:**

Many youth said that ensuring that the front-desk staff and clinicians were welcoming and friendly would be very important. One suggested that Raven Song staff make a point of reassuring youth about confidentiality at their first visit. One suggested that Raven Song clinicians introduce themselves to youth at their visits, and include brief information about their educational background and experience working with youth.

### **Communication:**

*“Most people I know already know Pine is closing, but people have no idea about Raven Song.”*

Youth and service providers talked about the urgent need to provide information about Raven. Suggestions for how to do this included:

- Written information made available at Pine and via email that would tell youth about Raven Song, which Pine staff are going to RS, information on how to get there, hours, map, etc.
- A Facebook page that could include photos of the Raven Song clinic and profiles of Raven Song staff.
- A way to know, perhaps through an online schedule, when particular nurses or doctors are working at RS.

## Using social media to communicate with youth about health services and issues

Generally, youth and service providers felt that using social media to communicate with youth was a good idea. Most youth interviewees did not use Twitter but said they knew people who did. Service providers felt that older youth use Twitter but it would have to be really cool to convince them to follow it. Instagram and Facebook were recommended.

Survey findings echoed this. When asked what social media platform they would want to follow VCH youth services on:

- 61% said Facebook
- 21% Twitter
- 29% None
- 9% Other (Instagram, Tumblr, email)

Two survey respondents raised concern that youth would not want to publicly “like” or “follow” Pine Clinic or youth clinic because of stigma or risks to confidentiality.