

Sandy Hill
Community
Health Centre



Centre de santé
communautaire
Côte-de-Sable

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1st Canadian HIV/HBV/HCV Co-Infection Research Summit

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Support Service Delivery

Presenter

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Drop In /Volunteer Coordinator

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We have had delegates from Asia, Japan, the Caribbean, Russia, France, Germany and the Ukraine visit our center to learn more about the Interdisciplinary model of practice, service delivery and the Harm Reduction approach.



-Oasis opened in 1996, as a result of community pressure on funders to address gaps in HIV/AIDS services for marginalized populations.

- Target groups: Women, Aboriginal, GLBT, ethno cultural communities, persons with substance abuse /addictions, homelessness, youth and street involved.

Mandate: To provide services to street involved individuals who are infected or affected by HIV, Hep C ,have mental illness, substance abuse/addictions issues, have experienced violence, homelessness, and or are involved in sex trade.

- ***Implement & support Harm Reduction philosophy.***
- ***One stop shopping concept.***

Multi-disciplinary team approach. Volunteers.

Services available: doctor, nurse practioners, acudetox, counselors, practical assistant worker, outreach services, Hepatitis C , peer projects, women's clinic, methadone case management, dietitian.

DROP IN: programing includes: art, cooking, health promotion, advocacy training, peer driven discussion groups and invited speakers and presentations, peer projects.

JUNCTION: provides harm reductions tool kits, referrals and peer projects.



Primary
Care

- Clinic hours:
- 1-4:30 three afternoons a week.
- 1-4pm Fridays.
- Every Wednesday Women's clinic 3-7pm.
- Roughly 1,400 active files.
- 18% are HCV positive.
- Additional stats.

Community Presentations

- Hip to Hep
- Hep C & Harm Reduction

Materials used

- Hep C vignettes
- Testimonials
- Scenarios
- Hep C crossword puzzle.
- Hep C Jeopardy
- Hep c Bingo
- Hep C myth or Fact



**You
Me
&
Hep C**

Challenges

Coordinator 1 day a week

Outreach peer engagement .4 position

Peer involvement originally involved

2 days “ Peer to Peer Training “
2-3 hours for presentations and debriefing
Several 2 hour sessions to revised educational materials.

Revised approach (10 months ago)

Peer involvement increased to 3-5 hours a week.

Responsibilities include:

Networking with peers and community agencies.

Researching and collaborating in creating more user friendly material.

Promoting and scheduling workshops.



Successes and Challenges

- challenges:
- Peer recruitment.
- Profile of first set of peers:
- All co infected with addictions issues
- Variations in periods of stability.
- Training sessions often became support group.
- Triggers:
- Peers expressed self doubts around discussing/viewing videos around safer injecting. Too much of a trigger.
- Recognizing needs of peers were not being met within the community

- 2nd set of peers
- All Hep C positive, 1 co infected all practicing some level of Harm Reduction.
- Active users.
- Reliability.
- Incarceration, hospitalization, major relapse,
- Probation conditions(red zoning).
- Women who were recruited for the training returned to instability at a quicker rate than the men.

- 3rd set of peers
- Hep C positive ex users.
- Different ideas /opinions around concept of harm reduction.
- Requested to leave room when showing vignette around safer drug use.
- Revised material used in toolkit.
- Strong advocacy piece.
- Networking within community weekly.
- Result: **DUAL** Drug Users Advocacy League

DUAL

(Drug Users Advocacy League)

- International Drug Users Memorial Day
- International Drug Overdose Awareness Day
- Monthly meetings
- Advocacy, Harm Reduction, Health Promotion, Community presentations, membership to community
- Working groups.