



British Columbia
Centre *for* Excellence
in HIV/AIDS



EXECUTIVE SUMMARY

The Downtown Eastside (DTES) of Vancouver is home to approximately 16,000 long-term residents, and is regarded as one of Canada's most impoverished communities. In recent decades, poverty, low-income housing, high crime, unemployment rates, and an ever-prevalent illicit drug scene have characterized the neighbourhood. Plagued by a host of dangerous social conditions, many residents contend with multiple health issues, drug addiction, and reduced life expectancy.

In response to the health crisis in the DTES, the Vancouver Coastal Health (VCH) and its community partners have implemented various programs to deal with the health and social conditions in the DTES. Essential components include effective drug and alcohol services, enhanced primary health care, and increased access to housing. Recently, the VCH has opened four new facilities designed to enhance health services. These include the Downtown Community Health Centre (DCHC), the Pender Community Health Centre (PCHC), the Health Contact Centre (HCC), and the Life Skills Centre (LSC).

In the summer of 2002, the Community Health And Safety Evaluation (CHASE) Project was created in order to evaluate the impact of the four new VCH initiatives on residents of the DTES. As well, the Project will aim to monitor health trends and identify priority health issues and gaps in service delivery. The three key areas of focus include: communicable diseases, primary health care and access and movement within the health care system. The purpose of this report is to provide a summary of data collected during the first year of the CHASE Project.

Between September 2002 and August 2003, 1,183 individuals were recruited to participate in this project. Data pertaining to sociodemographic and illicit drug use characteristics, health status, personal injuries and events, and health service utilization were collected through survey methods. As well, with the consent of CHASE participants, data linkages were performed to obtain additional information concerning emergency room use, HIV and hepatitis disease incidence and prevalence, and use of antiretroviral therapy.

The CHASE cohort is characterized by low levels of education, high rates of unstable housing, unemployment and illicit drug use. In addition, high rates of HIV and Hepatitis C infection have been observed. A high proportion of participants also reported experiencing adverse events such as sleeping outdoors, physical and sexual assault, and being questioned or searched by police.

The findings summarized herein also point to several gender-based differences, many of which place women in this cohort at heightened risk. Women were more likely to report lower levels of education, higher levels of heroin and crack use, and were much more likely to have been physically and sexually assaulted. Women in this cohort also had higher rates of ambulance use, hospital admissions, and use of outreach services. Lastly, women were more likely to report having difficulty keeping appointments and being treated poorly by health care professionals.

The four facilities studied – HCC, LSC, PCHC, DCHC – appear to serve different subpopulations with unique risk profiles. Process analyses identified that long wait lists/times, poor treatment by health care staff, and overly restrictive policies and practices as potential barriers to health care access in the neighbourhood.

A review of linked data derived from St. Paul Hospital's emergency room database shows that ER use has increased among CHASE participants since the opening of the new VCH sites. Hospital admissions through the ER have also increased. While the VCH services may not have had a direct impact on ER attendance at St. Paul's Hospital, the results presented here are influenced by a number of external factors. An analysis of linked data derived from the British Columbia Centre for Disease Control indicates that while HIV incidence rates have fallen, a substantial number of individuals have become infected with HIV in recent years. As well, hepatitis C incidence rates have increased steadily. HIV prevalence in the cohort is currently 26%, and hepatitis C prevalence is 90%. Data obtained from the British Columbia Centre for Excellence in HIV/AIDS Drug Treatment Program indicate that while many CHASE participants have accessed antiretroviral therapy (ART), overall access numbers are low and are declining, while discontinuation rates are increasing. Of particular concern is the finding that one-third of all participants who have initiated ART have since stopped treatment. When the influence of VCH service use on ART uptake was analyzed, no statistically detectable impact, positive or negative, was observed.

The Year One CHASE report shows the incredible health inequities and requirements of people living in the DTES. Despite the high uptake of the new VCH facilities and the benefits to the individuals accessing these services, there are a number of obstacles to address in order to optimize the impact of these initiatives. First, given the heightened risk faced by women in the DTES, women-specific and women-only services are needed to ensure safe and effective gender-sensitive health care delivery. Second, the high rates of active illicit drug use in this cohort indicate the need for an expanding continuum of services, including low threshold harm reduction services and abstinence-based therapies. While some progress has been made with respect to the implementation of harm

reduction services in the neighbourhood, it is essential that restrictive approaches be addressed and an adequate number of harm reduction services be implemented to ensure adequate coverage. Third, data presented here indicate high levels of infectious diseases in the DTES. The need for continued and scaled-up prevention efforts is therefore evident. The disease prevalence data derived from this analysis also point to the growing need for services for individuals living with HIV/AIDS and/or hepatitis C. It is likely, given the data presented here, that the worst health impacts of these diseases is yet to be seen. Interventions that increase access and adherence to ART are also urgently needed, as are systems of care for individuals experiencing HIV/AIDS-related illnesses.

The CHASE cohort continues to be characterized by high rates of unstable housing, unemployment and illicit drug use. While the newly implemented VCH services appear to be reaching individuals at risk in the DTES, the social determinants of poor health in the neighbourhood are likely overwhelming the protective and curative capacities of the current system of care. Despite this, the data obtained through the CHASE Project indicates that the health system could be improved to better meet the needs of the DTES residents.