

## Program/Service Information Report

### Clinical Services

January-December 2018

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<b>To:</b>	Board of Health
<b>Meeting Date:</b>	May 1, 2019
<b>Report No.:</b>	BH.01.MAY0119.C10
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### Key Points

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- Approximately two-thirds (66%) of positive gonorrhoea cases were treated according to the Ontario Guidelines in 2018.
- Wellington-Dufferin-Guelph Public Health (WDGPH) participated in a variety of community events to raise awareness of sexually transmitted and blood borne infections (STBBIs) and to promote appropriate prevention and testing.
- The Clinical Services program provided 17,042 appointments in 2018, which represents a small increase from the previous year.

### Strategic Directions & Goals

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Organizational Capacity - We will improve our capacity to effectively deliver public health programs and services.

- We will work to improve health services for priority populations.
- We will increase community awareness of public health programs and services.
- We will improve access to public health programs and services while enhancing the client experience.

Service Centred Approach - We are committed to providing excellent service to anyone interacting with public health.

- We will have an understanding of health equity and apply it in our work.
- We will enhance our understanding of the local needs and priorities of the communities we serve and develop programs and services in response to those needs.
- We will improve access to public health programs and services while enhancing the client experience.

## Operational Plan Objectives

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- Ensure access to publicly-funded vaccines;
- Ensure cost-effectiveness of travel and other non-publicly-funded vaccine services;
- On-site clinics at all agency offices to provide testing and treatment for STIs;
- On-site clinics for pap testing and prescribing birth control to women <25 years old and transmen of all ages;
- Increase access with off-site clinics (regular or as requested) for testing/treatment of STI/BBI and vaccinations- e.g. ARCH, U of G, World Hepatitis C Day, AIDs Week, Vet Clinic, New Comer's Fair and Community Health Van;
- Case contact to ensure proper treatment/referrals, education and case contact follow-up; and
- Contact with respondent of an approved *Mandatory Blood Testing Act (MBTA)* to request voluntary testing.

## Summary of OPHS Program Requirements

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### OPHS Standards: Infectious and Communicable Diseases Prevention and Control

#### Goals:

- To reduce the burden of communicable diseases and other infectious diseases of public health significance

#### Strategy:

- Disease Prevention
- Health Protection
- Disease Prevention/Health Protection

#### Requirements:

- The board of health shall collaborate with health care providers and other relevant partners to ensure access to, or provide based on local assessment,

clinical services (e.g., sexual health/sexually transmitted infection [STI] clinics) for priority populations to promote and support healthy sexual practices and the prevention and/or management of sexually transmitted infections and bloodborne infections.

- The board of health shall collaborate with health care providers and other relevant partners to ensure access to, or provide based on local assessment, harm reduction programs in accordance with the Substance Use Prevention and Harm Reduction Guideline, 2018 (or as current).

### Accountability Indicators:

#### 1. Gonorrhea treatment which meets the treatment guidelines

- 66% of Gonorrhea cases were treated according to Ontario Gonorrhea Testing and Treatment Guide, 2<sup>nd</sup> Edition.

### Performance variance or discrepancy identified:

No (Monitoring Indicator, no established benchmark).

This indicator reflects the proportion of cases treated according to provincial guidelines, including cases treated by providers in the community. It does not include cases who receive alternative treatment regimens due to medication allergies or needle phobia that align with national treatment guidelines. This indicator is an area of focus in 2019 and will inform outreach activities with community providers.

## Highlights

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### Services for Priority Populations:

Priority populations that are served through Clinical Services outreach programs include men who have sex with men (MSM), transgender persons, under-housed/homeless persons, substance users and persons working in the sex trade. These populations experience stigma and unique challenges when accessing quality healthcare.<sup>1,2,3</sup> WDGPH's Clinical Services team, in collaboration with many community partners, continues to increase capacity to provide service to these priority populations.

Clinical Services provides a variety of services on-site in WDGPH offices and out in the community. Service partners include:

- HIV/AIDS Resources & Community Health (ARCH);
- The Community Outreach Van;
- Hope House;
- Wyndham House Resource Centre;
- Guelph Community Health Centre (Downtown and Shelldale locations); and
- The University of Guelph.

These partnerships are integral in assisting WDGPH staff in developing and maintaining relationships with vulnerable populations with the anticipation that these clients will return and access services on an ongoing basis to meet their individual and specific needs.

In conjunction with these partners, WDGPH staff participated in special event testing with ARCH for: National HIV Testing Day; the 'Celebrate Your Awesome' Pride and Diversity Day in Dufferin County; World Hepatitis Day events hosted by Sanguen Health Centre; a 'One Health' Vet Clinic event; and the Newcomer's Fair hosted by Shelldale Community Centre. These events allow WDGPH staff to form relationships with members of priority populations and connect them to local services.

### **Needle Exchange Services:**

In 2018, over 348,492 unused needles were distributed to injection drug users in efforts to reduce the spread of bloodborne infections such as HIV/AIDS and hepatitis C. Improperly discarded needles in the community are a concern and WDGPH continues to work with community partners to address this. In early 2019, WDGPH met with ARCH and the City of Guelph Waste Disposal department to explore a collaborative approach to increase the number of kiosks at which people can properly dispose of needles throughout the City of Guelph. Currently, people can call ARCH for needle pickup, or drop used needles off at any WDGPH office or local pharmacy for disposal.

In addition to unused needles, WDGPH distributed items to assist with safer substance use including: crack pipes; cookers; meth pipes; and sterile water. All of these items are available at each WDGPH office and in the community through participating community partners.

## **Naloxone Distribution:**

In 2017, Clinical Services initiated the Naloxone Distribution Program which provides free naloxone kits to eligible clients and supplies kits to community organizations that do the same. In 2018, naloxone kits were offered through WDGPH and 16 community partners. In 2018, 1,419 naloxone kits were distributed to individuals in our community. Naloxone kits distributed by pharmacies and Sanguen Health Centre are not included in this figure.

## **Clinical Services Appointments:**

Clinical Services offers booked appointments for the general community and targeted populations to provide the following services: immunization, tuberculin skin testing, pre-travel consultation, sexually transmitted infection (STI) screening and treatment, contraceptive (birth control) counselling, immunization record reviews, and harm reduction services.

From January-December 2018, across all WDGPH offices, Clinical Services booked 17, 042 appointments. This is slightly higher volume than in 2017 (16, 965).

Overall volume for Clinical Services based on booked visits in 2018 was:

- Immunization: 54% (9,221 visits);
- Tuberculin skin testing: 17% (2,887 visits);
- Pre-travel consultation: 7% (1,187 visits);
- STI screening and treatment: 15% (2,595 visits);
- Contraceptive counselling: 3% (587 visits); and
- Immunization record reviews and harm reduction services, combined: 3% (565 visits).

OHIP+, the provincial pharmacare program for children and youth, was introduced in 2018. This program resulted in a decreased need to offer low or no-cost birth control options for individuals under 25 years of age. In April 2019, changes to OHIP+ were introduced that alter program eligibility and the impact on clients seen in Clinical Services as a result of these changes is unknown. Community need for low or no-cost birth control is being monitored in 2019 and, if needed, WDGPH will work with service providers to ensure WDG populations have access to affordable and appropriate birth control options.

Additionally, Clinical Services has changed its scheduling process to increase the number of appointments available to clients and to allow for walk-in clients to be accommodated in a more timely fashion. This is intended to provide a better client experience, particularly for individuals experiencing STI symptoms and marginalized populations seeking harm reduction supports.

## Related Reports

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- BOH Report BH.01.MAY0119.R13 - Trends in Reported Sexually Transmitted Infections in Wellington-Dufferin-Guelph.
- BOH Report BH.01.MAY0119.R12 - Naloxone Distribution Program.

## References

1. Lazarus L, Deering K, Nabess R, Gibson K, Tyndall M, Shannon K. Occupational stigma as a primary barrier to health care for street-based sex workers in Canada. *Culture, Health & Sexuality*, 14:2, 139-150, DOI: [10.1080/13691058.2011.628411](https://doi.org/10.1080/13691058.2011.628411)
2. Ontario HIV Treatment Network (OHTN). Barriers to accessing healthcare among transgender individuals. 2019 [Internet]. 2019 [cited April 23, 2019] Available from: [http://www.ohtn.on.ca/wp-content/uploads/2017/10/RR119\\_transgender\\_barriers.pdf](http://www.ohtn.on.ca/wp-content/uploads/2017/10/RR119_transgender_barriers.pdf).
3. Ontario HIV treatment Network (OHTN). Interventions to reduce stigma among health care providers who work with substance users. 2019 [Internet]. 2019 [cited April 23, 2019] Available from: <http://www.ohtn.on.ca/rapid-response-interventions-to-reduce-stigma-among-health-care-providers-working-with-substance-users/>

## Appendices

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