

# **Engagement and retention in primary care among a clinic cohort of residents of the Downtown Eastside, Vancouver with high prevalence of substance-use and related disorder**

Category: Oral Presentation

## Abstract Body

**Background:** Residents in Vancouver's Downtown Eastside (DTES) are disproportionately impacted by substance use and other complex conditions. Many experience barriers to accessing effective primary care. The Hope to Health (H2H) Clinic was opened in October 2019 to provide care to DTES residents who did not previously have a primary care provider.

**Methods:** Beginning May 2021, H2H clients were offered enrollment in the Hope to Health Engagement and Retention Evaluation (HERE) study, a longitudinal cohort study. We used survey responses to characterize HERE study participants and electronic medical records (EMR) to examine medical conditions and retention in care for those with at least 6 months of follow-up in the HERE Study. Wilcoxon rank sum tests and Chi square/Fisher's exact test were used to compare clients who were lost to follow-up (LTFU) or deceased with clients who were retained in care, defined as having at least one physician visit in the 3 months prior to closing the dataset.

**Results:** As of December 31, 2022, 388 participants had enrolled in the HERE Study. The median age was 48 years (IQR 38-57yrs), 263(67.8%) were male, and 192(49.5%) were or had been homeless in the previous 3 months. A total of 214(55.1%) identified as Caucasian and 127(32.7%) as Indigenous. The most commonly reported substances used in the past 3 months were tobacco (76.0% reporting current use), opioids (51.5%), cannabis (44.6%), and amphetamine-type stimulants (40.2%). A total of 34.0% of clients, or 66.0% of those reporting opioid-use in the past 3 months, reported currently taking medication such as methadone, Kadian, or Suboxone to treat Opioid Use Disorder (OUD). Among the 333 participants with adequate follow-up; 73.3% were retained in care, 15.0% were LTFU, 6.6% had transferred out of the clinic and 5.1% had died in a median of 14.5 months of follow-up time. Clients who were LTFU or deceased had fewer physician visits than clients retained in care in a 3-month time period (median (Q1-Q3): 2(1,4) and 4(3,6) respectively,  $p < 0.001$ ). Clients with OUD were more likely to be retained in care (84.8% vs. 69.3%;  $p = 0.001$ ), but retention did not vary by

housing status.

Conclusion: In this cohort with high rates of substance use and homelessness, retention in care was greater than 70% after 14.5 months of study enrollment. Retention in care was significantly higher among clients with OUD, suggesting that H2H is effectively engaging priority populations in this community.

#### Key Words

- Caring in Crisis
- Opioids/Opiates
- Primary Care
- Substance Use Disorder (general)
- Urban

#### Learning Objective # 1

Characterize a cohort of residents in the DTES and describe their self-report substance use.

#### Learning Objective # 2

Identify factors associated with participants being retained in care.

#### Reference # 1

Vancouver Coastal Health. Response to Opioid Overdose Crisis in Vancouver Coastal Health. In: Chief Medical Health Officer Report; 2019.

#### Reference # 2

Brar R, Milloy MJ, DeBeck K, et al. Inability to access primary care clinics among people who inject drugs in a Canadian health care setting. *Can Fam Physician*. 2021;67(12):e348-e354. doi:10.46747/cfp.6712e348.

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