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The Bridge Engagement Centre

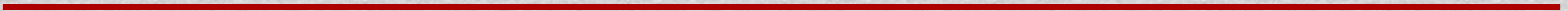
216 Murray St., Ottawa



Department of Medicine



- **No Disclosures**



Objectives:

- 1) What do we mean by ‘Patient Engagement’?
 - 2) Can we achieve the REAL ‘Patient Engagement’ in research?
 - 3) What is PROMPT and OCEAM?
-

PROUD Project: Participatory Research in Ottawa: Understanding Drugs

A Community-Based Participatory Research Project (CBPR) designed to:

- To understand socio-demographic risk factors of the most marginalized inner city population
 - A peer-led, Community-Based Participatory Research (CBPR) project
 - A cross sectional cohort study
 - Conducted at our Community Research Office, 216 Murray St., near the Shepherds of Good Hope (a large homeless shelter) in downtown Ottawa.
 - **856 participants:**
 - **Detailed socio-demographic information collected on an ipad survey**
-

PROUD:

Tobacco Smoking rates:

Canada/US - general population - 18%

Ottawa - general population - 9-12%

Ottawa PROUD population (Homeless and insecurely housed, multi-drug user) – **96%**

Tobacco Inequity!!!

- **Multiple ER visits & Hospitalization** (\$38.2 million/yr in Ottawa)
- **Tobacco costs \$1.6 billion/year in healthcare costs** in Ontario
- **Die 25 years earlier than housed Canadians, mostly related to tobacco!**

To address this stark tobacco inequity...

PROMPT Project:

Participatory Research in Ottawa: Management and Point-of-care of Tobacco

WHAT IS PROMPT?

A Community-Based Participatory Action Research Project (CBPAR) designed to:

- learn optimal ways to disseminate evidence-based tobacco dependence management in the hardest-to-reach inner city population.
 - A peer-led, Community-Based Participatory Research (CBPR) method integrated within a Social Network approach
 - A prospective cohort study
 - Conducted at our Community Research Office, 216 Murray St. **the Bridge Engagement Centre** (*the Bridge*)
-

- Peer-led recruitment of 80 participants (target population: Homeless & Insecurely housed) completed in 6 months!
- Canadian Mental Health Association (CMHA) nurse on site twice a week
 - Nicotine Replacement Therapy (NRT), one-on-one counselling, peer-support) for 6 months
 - Participants can see the nurse as often as clinically indicated
- Peer-led, Weekly Life-skills Workshops –
 - Financial Literacy, Banking,
 - Cooking, art, mindfulness
 - Access to Pet-care,
 - HIV/Hep-C education, peer-support etc.
- Peer-led monthly follow-ups for 6- months

Components of the project

PROTOCOL

Open Access



The Ottawa Citizen Engagement and Action Model (OCEAM): A Citizen engagement Strategy Operationalized Through The Participatory Research in Ottawa, Management and Point-of-care of Tobacco (PROMPT) Study

A Community Based Participatory Action Research Project in Inner City Ottawa

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Plain language summary

The PROMPT study is a community-based research project designed to understand the factors which affect smoking as well as ways to manage, reduce and quit smoking among people who use drugs in Ottawa. There is strong medical evidence that smoking tobacco is related to more than two dozen diseases and conditions. Smoking tobacco remains the leading cause of preventable death and has negative health impacts on people of all ages. Although Ottawa has one of the lowest smoking rates in Ontario (12 %), major differences exist, with approximately a 96 % smoking rate among those who use drugs in the city of Ottawa. To address this inequity, we recruited and trained four community research peers who were representative of the study target population (ex- or currently homeless, insecurely housed or multi-drug users). We designed the ten-step Ottawa Citizen Engagement and Action Model (OCEAM)

The Ottawa Citizen Engagement and Action Model (OCEAM)

A ten-step model: Operationalized through PROMPT

<https://researchinvolvement.biomedcentral.com/articles/10.1186/s40900-016-0034-y>

**True partnership:
Citizen/Peer Engagement
from the beginning till
the end!**

1. Formulating a relevant project question

- A project question relevant to the community; and recruitment and retention of peers
 - **E.g. Building the community-based participatory research team and recruiting peer researchers**
-

- Developing a project design
- Agreed upon study method by peers and researchers
- Successful implementation of project method with peers

2. Designing project method

- Project Questionnaires and Case Report Forms
 - **E.g. Culturally appropriate language and Peer training**
 - Ensure successful design and selection of questionnaires and CRF that peers are satisfied with (language, cultural sensitivity etc.)

3. Designing project questionnaires and Case Report Forms (CRFs)

- Recruitment of sample
 - **Peer-led Social network based recruitment to enroll genuine members of the target population**
- Recruitment from March 2015-August 2015

4. Participating in recruitment

- Participant's written consent
 - Explained by peers to participants
 - \$20 as a compensation of their time/effort

5. Participating in consenting

Demographics

Participant mean tobacco use

20.49 cigarettes daily
27.26 years of smoking
113.14\$ spent/month on tobacco

Participant mean lifetime illicit drug use

Crack 66.25%
Marijuana 61.25%
Heroin 23.75%
Other Opioids 26.25%

Mean Age	44.83 years
Gender	70% M, 30% F
Primary Language	66% English / 10% French
Indigenous Representation	21%
Food Insecurity	79.5%
Anxiety/Depression	28.75% / 35%
FTND (moderate to high tobacco dependence)	72.50%
COPD on Spirometry	53.7%
Gold mild/mod/ sev/very severe MALE (n=29)	27.60% / 34.48% / 31.03%/6.90%
Gold mild/mod/ sev/very severe FEMALE (n=7)	0/71.43%/28.57%/0
Mean CAT Score	18.31%
Asthma	16.66%

Mental Health

- 35% - diagnosed with depression
- 28% - diagnosed with an anxiety disorder
- 9% - diagnosed with bipolar disorder

COPD & Asthma

Cough

Do you usually cough when you don't have a cold?	Yes: 62.5% No: 35.0% N/A: 2.5%
If yes to above, are there months in which you cough on most days?	Yes: 50.0% No: 11.2% N/A: 38.8%
If yes, do you cough on most days as much as 3 months/year?	Yes: 46.3% No: 3.7% N/A: 50.0%
How many years have you had this cough?	Less than 2 years: 8.8% 2-5 years: 11.2% More than 5 years: 30.0% N/A: 50.0%

Phlegm

Do you usually bring up phlegm from your chest, or do you usually have phlegm in your chest that is difficult to bring up when you don't have a cold?	Yes: 67.5% No: 30.0% N/A: 2.5%
If yes to above, are there months in which you have this phlegm on most days?	Yes: 45.0% No: 22.5% N/A: 32.5%
If yes, Do you bring up this phlegm on most days for as much as three months each year?	Yes: 42.5% No: 2.5% N/A: 55.0%
How many years have you had this phlegm?	Less than 2 years: 17.5% 2-5 years: 7.5% More than 5 years: 20.0% N/A: 55.0%

Baseline

Wheezing

Have you had wheezing or whistling in your chest at any time in the last 12 months?	Yes: 35.0% No: 33.8% N/A: 31.2%
If yes, In the last 12 months, have you had this wheezing or whistling only when you have a cold?	Yes: 35.0% No: 33.8% N/A: 31.2%
In the last 12 months, have you ever had an attack of wheezing or whistling that has made you feel short of breath?	Yes: 38.8% No: 30.0% N/A: 31.2%

Shortness of breath

Are you unable to walk due to a condition other than shortness of breath (e.g. broken leg, arthritis, etc.)?	Yes: 32.5% No: 65.0% N/A: 2.5%
<i>If No</i> , Are you troubled by shortness of breath when hurrying (on level ground) or walking up a slight hill?	Yes: 18.8% No: 45.0% N/A: 36.2%
<i>If yes</i> , Do you have to walk slower than people of your age (on level ground) because of shortness of breath?	Yes: 1.2% No: 16.3% N/A: 82.5%
Do you ever have to stop for breath when walking at your own pace (on level ground)?	Yes: 8.7% No: 8.8% N/A: 82.5%
Do you ever have to stop for breath after walking about 100 meters [(or after a few minutes) (on level ground)]?	Yes: 3.8% No: 13.7% N/A: 82.5%
Are you too short of breath to leave the house or for other simple tasks (like dressing or undressing)?	Yes: 2.5% No: 16.3% N/A: 81.2%

Baseline

EQ-5D

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

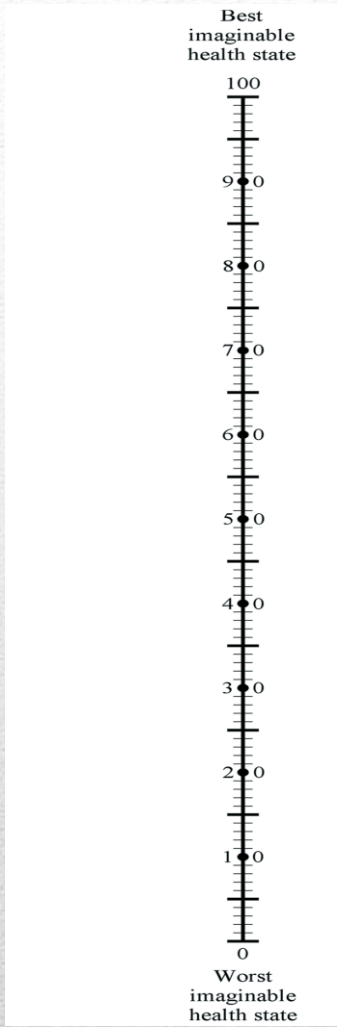
- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

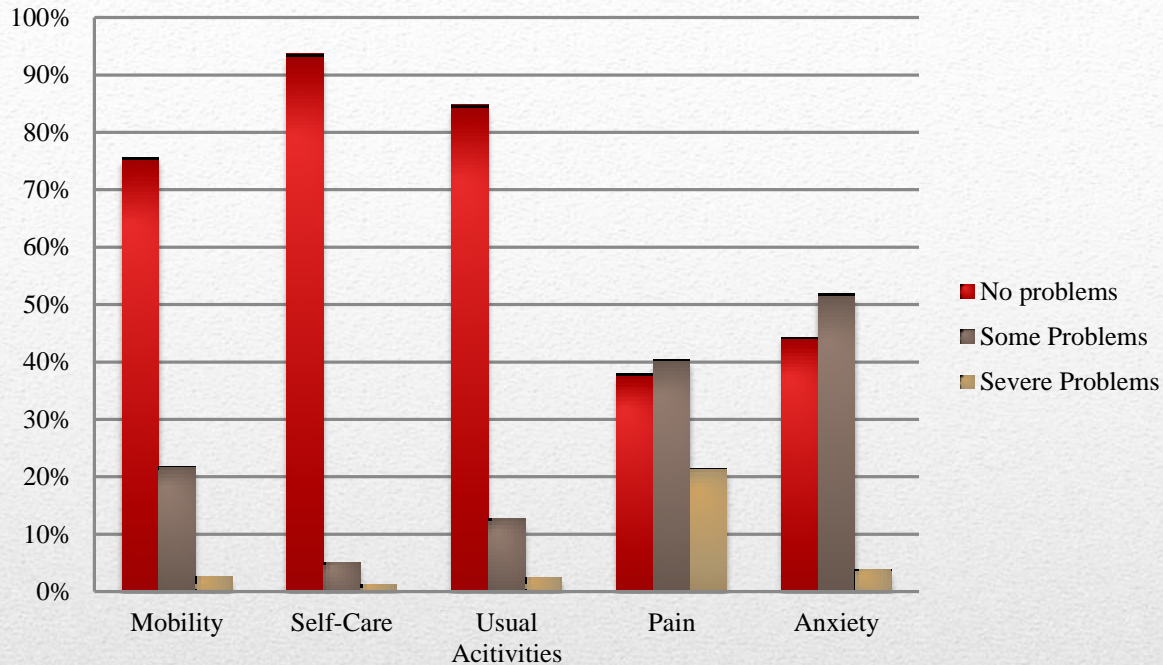
ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed



EQ visual analogue scale (VAS)

EQ-5D



EQ Index (USA)

- Mean: 0.75
- SD: 0.23
- Range: -0.11-1

EQ visual analogue scale:

- Mean score: 62.2
- SD: 16.96
- Range: 3-100

EQ-5D Results

Male

GOLD Categories	EQ index Mean	Range
Mild	0.78	0.24-1.0
Moderate	0.81	0.46-1.0
Severe	0.86	0.76-1.0
Very Severe	0.60	0.40-0.80

Female

GOLD Categories	EQ index Mean	Range
Mild	N/A	N/A
Moderate	0.74	0.46-0.83
Severe	0.78	0.77-0.80
Very Severe	N/A	N/A

U.S COPD population¹

GOLD Categories	EQ index Mean
Mild	0.74
Moderate	0.74
Severe	0.69
Very Severe	0.61

EQ-5D Results

- Completed Questionnaires
 - Peer involvement to avoid social desirability bias on the questionnaires
 - Participants more comfortable/honest with peer researchers

6. Participating in administering study questionnaires

- Testing completed
 - **Handheld spirometry and oscillometry**
 - **Exhaled CO test**

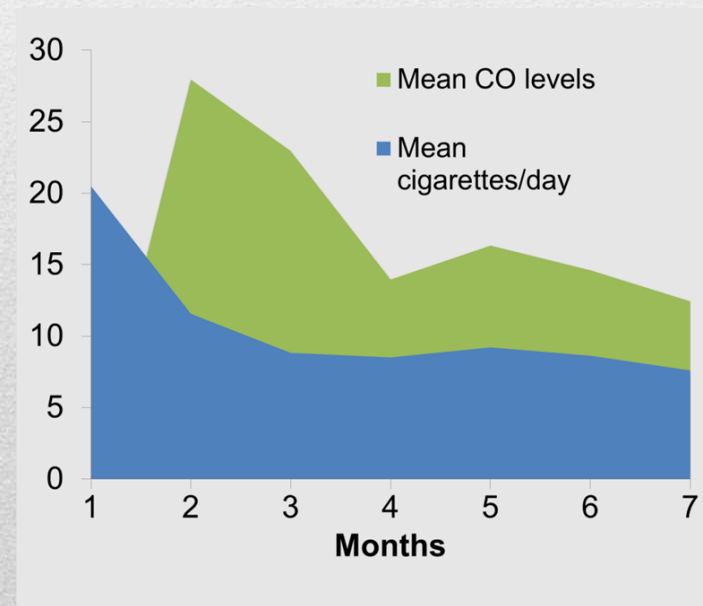
7. Participating in study related testing

8. Participating in follow-ups

- Every participant was to be followed for 6 months:
 - E.g. \$25 as a compensation of their time/effort
 - E.g. Weekly peer-led Life Skills Workshops
 - A short Survey conducted at each monthly follow-up visit by peers
 - Final survey @ 6 month visit
-

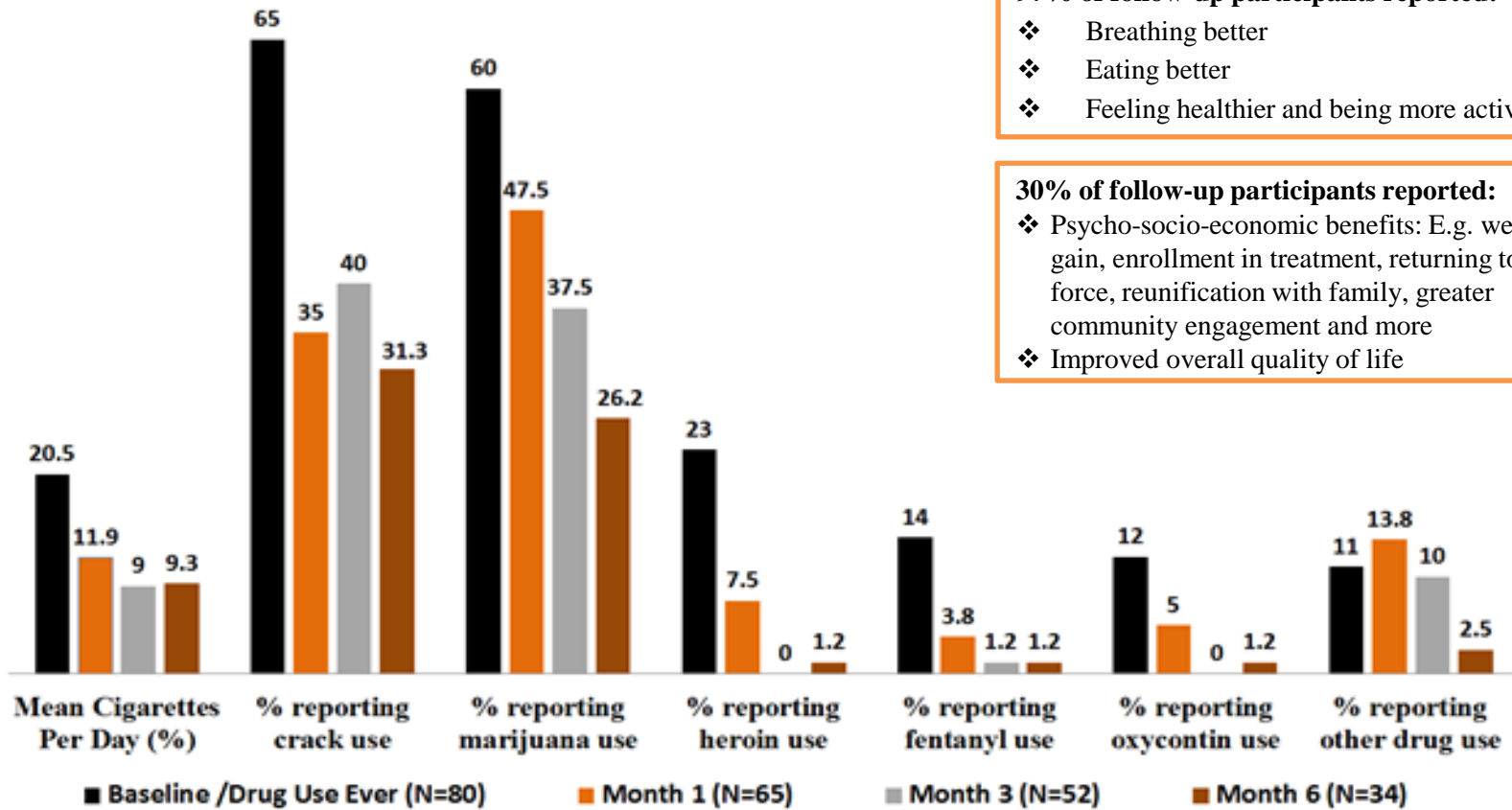
PROMPT Results

- **Number of cigarettes per day**
 - baseline – 20.49
 - 6-month – 7.6
- **Exhaled CO level**
 - baseline – 27.94
 - 6-month – 12.43
- **At 6-month follow-up:**
 - Stopped smoking/drugs – 9%
 - Reduced Smoking/drugs – 79%



Impact of PROMPT: dramatic reductions in smoking and other drug use!

Cigarette and Substance Use



97% of follow-up participants reported:

- ❖ Breathing better
- ❖ Eating better
- ❖ Feeling healthier and being more active

30% of follow-up participants reported:

- ❖ Psycho-socio-economic benefits: E.g. weight gain, enrollment in treatment, returning to work force, reunification with family, greater community engagement and more
- ❖ Improved overall quality of life

PROMPT results



NEWS

OPINION

BUSINESS

ARTS

SPORTS

LIFE

CAREERS

OBITS

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DRIVING



SIGN IN



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Egan: How to get street people off drugs? Get them off smokes, study suggests



KELLY EGAN, OTTAWA CITIZEN

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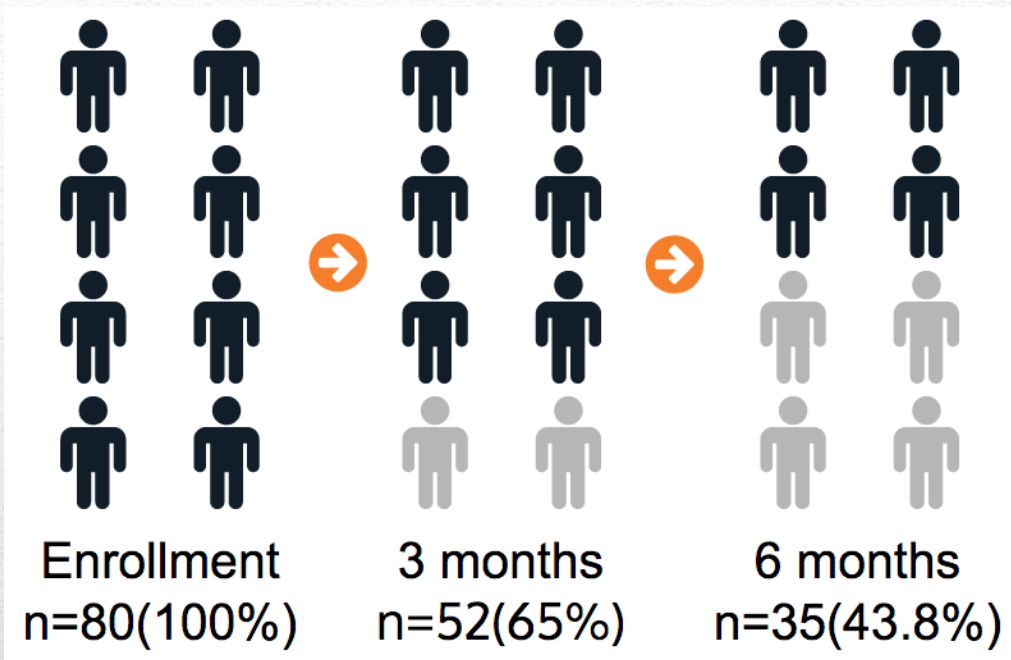


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Join us for
#beyougirl launch events
on Sept. 29 & 30, 5-8pm
and Oct. 1, 1-4pm
in Centre Court

[Click for Details >](#)

VIDEO



Follow-up rates at 3 and 6 months

Follow-up retention

Loss to follow up:
Prison, Rehab, Hospitalization,
 Employment, Education, Moving and
 Other.
Surprises: New jobs, apartments, pets,
 less drugs, school admissions

What helped you reduce or quit smoking?

- “getting out and going to *The Bridge* every day”
- **“Being busy”**
- “Outreach by Tiffany and Kelly”
- “Feeling well supported” ... “Women’s group”
- “Exercise helps me quit smoking”
- “More quit aids”
- “the patches diminish the urge”
- “Fruit NRT gum”
- “the inhaler”
- “Being active, inline skating”
- “using my bike”
- “worrying about my health...teeth”
- “Less drinking”
- “avoiding environments where people smoke”

What stood in your way when you wanted quit?

- “The first couple cups of coffee”
- “Smoke Breaks”
- “Drinking alcohol or doing drugs”
- “Hard not to smoke after eating”
- “Hard to quit because its everywhere”
- “Smoke dealer across the hall” (living in a shelter)
- “Socially acceptable to smoke, easy to pick up”
- “Ran out of patches or inhalers before follow-up date”
- “No money for quit smoking aids”
- “Craving it, addiction”, “stress”
- **“free time/boredom”**

Facilitators and Barriers to quitting

9. Participating in data entry, data cleaning/analysis and interpretation

- Peer participation in data entry, data cleaning, data analysis and interpretation
 - *“We are the end users of the results and hence, we must be involved in the analysis and interpretation so that the results and outcomes are relevant to us.”*
 - *“I learnt so much, thank you for involving me!”....*
-

10. Participating in ongoing/integrated community knowledge mobilization

- Continuous knowledge mobilization through:
 - Peer training
 - Regular project meetings with peers (at least weekly),
 - Peer-led community knowledge forums (quarterly)
 - Posters, hand-outs, news-items and manuscript writing (peers as co-authors)
 - Community capacity building activities and focus groups @ *the Bridge*
 - Monthly CAC meetings @ *the Bridge*
-



Community Building Activities @ *the Bridge*

- ONPAHR (Ottawa Network of Peers Acting for Harm Reduction)
 - Network of dedicated peers, meet weekly @ *the Bridge*
 - Received their first community grant!
 - Planning a weekly community building activity to be held @ *the Bridge*
 - French Toast Fridays with DUAL
 - An open community event @ *the Bridge* on all Friday mornings
 - Ottawa Public Health nurse for harm reduction education onsite
-

Community Building Activities

@ *the Bridge*

- **Employment @ *The Bridge***: Peer engagement, Kitchen work, Yard work and Building maintenance
 - **The Bridge Community Advisory Committee (*The Bridge CAC*)**
 - Representatives from peers and participants (voting members)
 - Representatives from local healthcare agencies (non-voting members)
 - Balanced gender, race, age, language, indigenous representation
 - Monthly CAC meetings @ *the Bridge*
 - **Peers and participants get honoraria for the time they spent on project activities**
-

What's next?

Healthy People Initiative

Alex Trebek Challenge & Innovation Fund, Univ. of Ottawa

- Empowering people to get to that 'next' level from where they are!
 - Provide life-skills and build self-confidence with peer support
 - Get people ready for paid small jobs or volunteering positions in the community
 - Pro-actively connect them with such opportunities
 - **PROMPT** participants told us that they want to be busy and partake in the general economy, have meaningful civic engagements and be productive!
-



Patient-engagement

- This practical embodiment of “by the community, for & with the community” approach will not only help reduce the tobacco use related stark disparity within our city sub-populations, but also reduce the healthcare costs and community costs.



Conclusions

Thank you!

- Tina Kaur & Sadia Jama - Research coordinators
 - Kelly Florence & Tiffany Rose, Community Peer Researchers
 - Community Advisory Committee
 - Robert Boyd, Director, Oasis, Sandy Hill Comm. Health Ctr.
 - Joanne Haddad and Annette Bradfield, CMHA nurses and their expert team!!!
 - Dr. Tim Simboli & Dr. Donna Pettey, CMHA, Ottawa Branch
 - Wendy Muckle, Exe. Director, Ottawa Inner City Inc.
 - Dr. Jeff Turnbull, Chief of Staff, TOH
 - Dr. Mark Tyndall, Exec. Director, BC CDC, Vancouver
 - Dr. Bill Cameron, Dr. Ian Graham & Dr. Antoine Hakim
 - Shepherds of Good Hope
 - Somerset West CHC
 - Funding:
 - Champlain LHIN
 - Department of Medicine, TOH
 - Divisions of Respiriology and Cardiology, TOH
 - **All participants!!!!**
-

www.tinyurl.com/TheBridge2017

The screenshot shows a web browser window with the following elements:

- Browser Address Bar:** The URL is <https://secure.ohfoundation-fondationho.ca/registrant/TeamFundraisingPage.aspx?TeamID=730902#&panel1-2>.
- Navigation Bar:** Includes social media icons (Facebook, Twitter, Email, LinkedIn, Plus), and links for "Français", "Register", "Login", "Search", and "Donate".
- Header:** "RUN FOR A REASON" in large letters, with "IN SUPPORT OF THE OTTAWA HOSPITAL" below it. To the right is a logo of a stylized runner in blue, green, and orange.
- Decorative Element:** A horizontal bar with a dashed line pattern in blue, green, yellow, and red.
- Main Content Area:**
 - Image:** A group of people sitting around a table with a floral tablecloth. The text "THE BRIDGE" is overlaid on the top left of the image.
 - Text:** "WHERE POVERTY AND ISOLATION MEETS OPPORTUNITY, CONNECTION, AND BETTER HEALTH."
- Left Side Panel:** A black box with white text: "PLEASE SPONSOR THE BRIDGE".
- Right Side Panel:** A black box with white text: "Amount Raised \$6,485.00". Below this, it says "Fundraising Goal \$100,000.00" and has two buttons: "DONATE NOW" and "JOIN THE TEAM".
- Bottom Section:** "Our Message" in green text, followed by "Every dollar raised goes towards the Centre!". To the right is a vertical progress bar showing the amount raised relative to the goal.
- Taskbar:** Shows several open files: "JWM.HPI.Budget.0....xlsx", "marlin_lancetAxA.ris", "TRMFF-Questionn....doc", "GrantEligibilityFo....docx", and "s41562-016-0005.ris".

Please support the Bridge!



QUESTIONS? (spakhale@ohri.ca)
