

The Bridge Model™: Comprehensive compassionate community-based healthcare model

Tuesday, December 3, 2024

Post-Webinar Q and A

1. Dr. Pakhale, Thank you for the amazing work you have done for the society. Could you please provide some suggestions in terms of funding in the case that lacking of funding for initiate the project in their community

Answer: Funding for such projects is always a challenge! We started with a small funding from a local healthcare unit and shared a rental community-space with other organization. Multiple ideas for funding sources need to be explored, we did the same: city funding, local and national foundations, academic peer-reviewed funding like NIH/CIHR/PHAC etc., fund raising and seeking BIG donors (no luck so far for us, but I hope you are better placed to attract some generous donors in your area!)! We can also help you in creating funding applications, if you think that would help.

2. Hello thanks so much for this webinar and sharing your stories. Very inspiring. I'd like to know what specific additional support you provided, did you give NRT for tobacco cessation, methadone for heroin etc.?

Answer: Yes, we did provide NRT to all participants (partnered with another project in our province, STOP, which provides NRT) and a Nurse Practitioner in house providing counselling around addictions in general, around health issues (mental and physical health), health promotion and disease prevention etc. We do not have band width due to funding constraints for providing methadone/heroin etc.

3. I am also shocked by the number that there are about 60% of the population have depression. Could you talk a bit more in terms of the intervention or resources for the mental issue?

Answer: Yes, it is surprising, but it is so true! There are over 8-10 times more mental health issues in the population that we partner with (unhoused, insecurely housed, low-income racialized, including Indigenous populations). Our Nurse Practitioner provide mental health support, and community peer researchers with lived experience provide peer to peer support around mental health and addictions organically. Here is a link to a relevant article: <https://bmjopen.bmj.com/content/8/1/e018416>

4. Could you describe how you have engaged medical practitioners, particularly doctors, in your Bridge Inclusivity Training and how your BIT project is tracking effectiveness and impact? Could you speak to how to address exclusions in the health system in terms of vulnerable and excluded people with addictions and heart conditions to access specialized health care specialists such as cardiologists and so on? How do you engage with the wider formal health care system?

Answer: Thank you! The BIT was born organically through our encounters with students at the Bridge! Yes, the problem of stigmatization, victimization, especially while seeking specialty care, but throughout the healthcare system from emergency room to operation theater to in-patients etc. is very serious for people experiencing homelessness, addictions and mental health issues. We are currently assessing and creating a tracking system to measure effectiveness, employing current norms in medical education. We plan to expand it to all medical specialties, including all healthcare personnel such as nurses, respiratory therapists, physiotherapists etc. Please stay tuned!

5. In the course coaching sessions, if a participant has needs outside of tobacco cessation, how do you address this? Do you have specific referrals, providers, treatment programs, referrals for housing insecurity or access to healthcare? What happens if the focus becomes less about quitting or cutting back or not a focus at all?

Answer: All these issues as you know occur simultaneously, tobacco, other drug use, housing insecurity, food insecurity, mental health, poverty and all. Many a times, people have one thing on mind which is the most pressing, which could be housing or food or their safety in general etc. But when trust gets built, they usually are quite receptive to participate in all activities at the Bridge. As we do weekly workshops, on topics of their choosing, and most importantly, peer-to-peer mentoring and learning organically happens in the space all along. They all have one-on-one meetings with the Nurse Practitioner (NP) once a month and as needed, when they get NRT and other counselling and help around their specific health issues. Whenever needed, a referral gets sent to specialty care, and the NP also liaison with their primary care provider if they have any, to coordinate care.