NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

- *How does the Radical Welcome and Engagement Restoration Model inform clinical practice of Relationship-Centered Care?*

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

1. Context: Opioids do not discriminate, but social factors distribute risk of overdose death unevenly. People from minoritized communities encounter structural barriers from unwelcoming systems that drive health inequities. A Mobile Harm Reduction Team (MHR) partnered with public health bureau to develop low-barrier primary care addiction medicine in a trusted location, prioritizing relationship-centered care to promote patient engagement.

2. Objective: How does the Radical Welcome Engagement Restoration Model designed to guide collaboration between institutions of power and people from stigmatized communities inform the practice of relationship-centered care?

3. Study Design and Analysis: Ethnographic study: 4 weeks participant observation, 12 key informant interviews (health bureau staff, MHR team, patients), 1 focus group (MHR team). Radical Welcome Observation Tool (RWOT) was used a-priori to establish codebook. Two researchers used template analysis to identify themes. Immersion-crystallization guided team to challenge biases and determine conclusions. IRB determined project as not research.

4. Setting or Dataset: New primary care addiction medicine site.

5. Population Studied: Patients with high risk of overdose death.

6. Intervention/Instrument: RWOT describes 6 stages of engagement: passionate invitation (PI), radical welcome (RW), authentic sense of belonging (ASB), co-created roles (CCR), prioritization of issues (POI), and individual/collective action (ICA).

7. Results: The MHR team built trusting relationships with patients through PI and RW, where patients felt safe stepping into a new clinic. ASB faltered when staff/patients internalized feelings of failure when goals were not met. Systemic power imbalances and engagement suppression inhibited CCR when encounters slipped into transactional patterns, posing a threat to relationship building. POI helped rebuild confidence in new relationships. ICA were highly individual and difficult for team to build momentum during short observation period.

8. Conclusions: RWOT revealed both natural and challenging aspects of relationship-centered care in stigmatized communities. PI, RW, and POI came naturally to the MHR team and promoted trusting relationships. Specific tools to address ASB and CCR in clinical care may support deeper healing relationships. With full engagement, patients can help develop new ways to promote ICA to improve health in their own communities.