

**York Region Alliance to End Homelessness – Street Health
Partnering for Health and Access – A Community Health Forum
Summary of Event Proceedings**

On June 16th, 2009 a Community Health Forum titled *Partnering for Health and Access* was hosted by the Street Health Working Group of the York Region Alliance to End Homelessness at the Rouge Woods Community Centre in Richmond Hill. The event was attended by 35 individuals representing 16 different agencies and organizations and government representatives, including three clients of one agency (Attachment A). This event was the first attempt by the direct service providers in York Region working with homeless and at risk individuals to come together to share data and stories about the health issues facing their clients, discuss service gaps and begin to brainstorm short and long term solutions.

Including the Voices of People with Lived Experience

The Alliance is committed to ensuring that the voices of people with lived experience of homelessness and those at risk are an integral part of our work. In this project, these voices were included in a variety of ways:

- 3 clients from one agency participated in the Community Health Forum and one agreed to be part of our panel of presenters
- As participants in the Street Health Pilot Study: *Health and Access to Care of Homeless and At Risk Individuals in York Region (2009)* – 45 Identification Clinic clients were recruited to participate, one client chose to withdraw from the study. The total study sample included 44 participants (35 male and 9 female).
- Addiction Services for York Region presented a summary of the findings from two focus groups with young people about access and barriers to health care
- York Region Public Health Needle Exchange Program presented the York Region portion (involving 70 injection drug users) of a survey of the 2007 Evaluation of the Impact of the Ontario Harm Reduction Distribution Program.

The Agenda

The morning consisted of a series of presentations by two Keynote Speakers and a Panel Presentation. The two Keynote Speakers, Nurse Practitioners from Simcoe County, presented their experience with building collaborative solutions to improve health and access to care among homeless and at-risk people (Attachment B). The Panel Presentation included stories and statistics about health-related issues identified by Addiction Services for York Region (Attachment C), Blue Door Shelters, LOFT/Crosslinks Street Outreach (Attachment D), York Region Community and Health Services (Attachment E), and the York Region Alliance to End Homelessness (Attachment F). The Panel Presentation was also opened by a woman with lived experience who shared about her struggle with homelessness and poverty, and the impact on her health and wellbeing.

The afternoon was filled with breakout discussions and brainstorming about the essential components of health care, the types of health care resources currently in existence, barriers and gaps in existing health care supports among homeless and at-risk people in York Region, and both short- and long-term opportunities to increase access to health care among vulnerable populations.

Essential Components of Health Care

Three themes that emerged as being essential to quality health care included characteristics of treatment or care, availability of resources, and physical elements. Community Health Forum attendees said that to best support homeless and at-risk individuals, health care professionals should have

some “street level awareness”, and should operate non-judgementally, with empathy and cultural competence, and in particular, physicians should be unbiased and maintain good rapport by ensuring their patients feel safe and supported under their care. Currently available health care resources that were listed by attendees are seen in Table 1.

Table 1: Health Care Resources Currently Available to Vulnerable Individuals in York Region

Health Care Resource Category	Specific Program or Service
Addictions and Mental Health	Addiction Services for York Region Street Outreach Van 310-COPE
Physical Health	Sutton Nurse Practitioners Health Connection Sexual Health Clinics Walk-in Clinics (Requires Health Card) HIV Physician – 1 General Practitioner in York Region
Integrative Care and Other Resources	Vaughan CHC (2 Nurse Practitioners) Hospital Services Emergency Medical Services Pharmacies

Barriers and Gaps in Health Care

Despite the number of services that were listed, some significant physical, psychological, and systemic barriers were identified, which prevent homeless and at-risk people from accessing these health care resources. Physical barriers that limit individuals’ ability to access these resources include transportation (availability and cost), and only having one doctor available for HIV-related concerns in York Region. Psychological barriers included a range of significant challenges, often relating to stigma and discrimination due to factors like poor hygiene, housing status, language barriers, and immigration status. Other psychological barriers include a fear of judgement, problems dealing with authority, and limited awareness of patient/physician rights and responsibilities.

Systemic barriers included waitlists, patient care timelines and inflexibility with service wait times, as well as requirements of identification (ID) and health cards. In particular, attendees who supported homeless and at-risk people directly said that their clients had limited health care access since ID clinics only occurred once per month and there are stringent regulations with what types of ID are required in order to apply for a health card. As a result, an individual may wait months to successfully apply for a health card before being able to access health services. Attendees also discussed that a significant barrier to health care access is a resistance among physicians to assist ODSP clients.

Several gaps were identified relating to existing health care services, including gaps in shelter supports, health care centres, safe spaces and supplies, treatment, and quality of care. A complete list of the types of gaps identified can be seen in Table 2.

Table 2: Health Care Supports not Currently Available to Homeless and At-Risk People in York Region

Gap in Existing Health Care Support	Specific Needs Identified
Shelter Needs	“Wet” shelter Year-round Inn from the Cold (emergency shelter) Supportive housing
Health Centres	Community Health Centres beyond Vaughan
Safe Spaces or Supplies	More unscheduled drop-in centres (like Krasman Centre) Safer use crack kits
Treatment Needs	Residential withdrawal management/detox Street health care services Mobile foot care Paediatric care Dental care Specialists – reduced waitlists More Nurse Practitioners
Quality of Care	Assurance of confidential care and consultations Ethno-cultural support (especially in the north)

Future Opportunities to Increase Access to Care

Attendees brainstormed both short- and long-term solutions to increase access to health care among homeless and at-risk individuals in York Region. Short-term solutions included increasing direct access to health care, funding applications for collaborative health projects such as to increase the number of Nurse Practitioners in York Region, cross-sectoral coalitions, and increasing availability of support resources like transportation, ID clinics, internet access, and CMHA Employment Support Services.

Specifically, attendees suggested increasing direct access to health care through more consistent availability of nurses at public schools, increasing follow-up support or case management with patients, and inviting 4th year nurses and medical residents to complete placements at social service agencies. Examples of suggested cross-sectoral opportunities were increased involvement in Provincial Housing Consultations, expanding Street Outreach partnerships, distributing a list of available health care providers, and also developing more “one-stop shops” where people can access a range of services at a single location.

Similar to the short-term solutions, long-term recommendations were themed according to direct health care, collaborative solutions, and advocacy. In particular relation to direct health care, attendees recommended an increased development of integrative health care teams like the Community Health Centres, which specifically cater to homeless and at-risk individuals across York Region. An expansion of the support provided through the Vaughan Community Health Centre through satellite locations, or tailored hospital services, may also assist in increasing direct health care access. Additional health service suggestions included the development of a mobile health clinic like the Sherbourne Health Centre Health Bus, and also providing basic health care training to existing frontline workers at social service agencies.

Suggested long-term collaborative opportunities included expanding partnerships with Emergency Medical Services, York Region Fire Departments, and York Regional Police, as well as developing a more comprehensive hub of support services in at 510 Penrose Street in Newmarket. Attendees also suggested advocacy-related opportunities, such as to enforce stronger penalties for discrimination at health care facilities or wrongfully turning people away from health care services.