Prepared for the Anglican Diocese of Ottawa

Feasibility Study & Model Development of a Wellness Centre at: The Well / La Source

Executive Summary

March 2012

Introduction

The staff and Management Board of The Well/ La Source[1] have been concerned about the health of their clients[2] for some time. Despite on-site outreach services provided by Centretown Community Health Centre (CCHC), the Royal Ottawa Mental Health Centre (ROH) and other organizations, preventable diseases and complications of chronic illness are repeatedly noted.

In November of 2011, the assistance of a consultant was purchased to undertake a feasibility study for a Wellness Centre to be located at The Well. Consultant time was also purchased to assist The Well in following through on its decisions following receipt of the study findings.

The feasibility study sought to identify the following:

- Major health issues of homeless women in Ottawa, including the WOW
- Benefits, limitations, and barriers of local health services and on-site services provided at The Well
- Health experiences of specific groups of homeless women in Ottawa (e.g. Aboriginal, newcomers)
- Health and information needs of the WOW
- Vision of an on-site Wellness Centre within the local health and social services network
- Capacity of The Well to undertake suggested new roles and partners willing to assist in implementation
- Funding opportunities
- Existing Ontario initiatives involving a Wellness Centre for homeless women
- Start up requirements for suggested new roles for The Well

Methodology for the study included a literature and internet scan; interviews with community partners, service providers, and The Well decision makers; volunteer, staff and client questionnaires; and a focus group with the WOW. In total, 80 individuals provided input to this study.

[1] Hereafter referred to as The Well
[2] The clients of the Well are known as The Women of The Well or WOW.

Key Findings

The Health of Homeless Women, including the WOW

The reviewed literature and those interviewed and surveyed for this study describe women living in poverty as having significant ill health that can precipitate homelessness, and then can become more aggravated by being homeless. Women become sidetracked in a disjointed health care system, face biases, misconceptions and competing priorities such as securing food and shelter for themselves and family members. Roadblocks to caring for themselves include difficulty accessing nutritious food, purchasing and filling prescriptions, and finding a place to recuperate. Personal health beliefs, previous experiences and a lack of trust may also act as obstacles to care and screening options.

Thirty-one (31) respondents identified the health of homeless women including the WOW as poor, 20 as fair, 6 as fair to poor, 5 as good and 1 as excellent. Two (2) of the respondents who used the descriptors of good and excellent were new to Canada. One community partner noted that immigrants and refugees often arrive in Canada in relatively good health but this health status deteriorates over time with diet changes and a more sedentary lifestyle. Cultural and linguistic barriers can exist, especially for women who are Aboriginal, Inuit, or are new to Canada.

When asked for their opinion on the top 3 to 5 health issues for homeless women including the WOW, the response was similar across all respondent groups interviewed or surveyed. Mental illness, addictions (including alcohol and smoking), poor nutrition/diet (inclusive of eating disorders and obesity), metabolic diseases (especially diabetes), chronic lung conditions, mobility issues and dental issues were the most repeatedly noted in the order provided. Health issues documented in the literature support these findings.

When asked about the health experiences of specific groups[3] of women who are homeless (including the WOW), the same issues, for the most part, were noted by all respondent groups.

Respondents identified walk-in clinics, doctors' offices, community health centres, Ottawa Inner City Health (inclusive of The Mission shelter health services), hospital emergency services, and methadone clinics as the main current sources of health care for homeless women including the WOW. Some respondents were quick to point out that the stability of a woman's life and adequate housing are key factors in her ability to use health services that support her with ongoing health care. Women in this group tend to have family doctors that they return to, make use of community health centres (CHCs) and screening programs on an ongoing basis, and are able to plan their lives to include making appointments and dealing with wait times for health care. The majority of the WOW were described by some community partners and service providers, The Well decision makers and staff, as being in this group. Comments by focus group

[3] Aboriginal / Inuit women, new to Canada, adolescent women, pregnant women and women with children, seniors, lesbian, bisexual or transgendered, women with mental health problems, acquired brain injury or a developmentally disability, addicted/ using substances

participants indicated that approximately one half of the WOW seek health care on a regular basis.

The findings about housing in the 2011 Demographic Inquiry about the WOW[i] describe the WOW as mainly housed in rent geared to income or supportive housing. This supports the opinions of respondents about stability in the lives of the WOW.

Women using multiple services/health care providers, especially walk-in clinics and emergency services, tend to be the sickest - resulting in difficulty making, keeping and getting to appointments, purchasing and maintaining medication regimes, and maintaining a healthy diet. They may not have OHIP and/or are poor thus making access to telephones, transportation and medication difficult, and results in avoidance of health visits due to fear and shame. These women often do not understand the local health care system and need help to access services and understand the information provided. Language and cultural differences compound problems as do biases and attitudes of mainstream health providers unfamiliar with the challenges of homeless women. One community partner respondent expressed concern that women with severe chaos and complex health issues (such as mental illness and substance use) in their lives may be drawn to a walk-in clinic at The Well if such a service is established. This service may have implications for the current WOW and the capacity of The Well staff to cope with the added work demands.

The overall conclusion is that:

Stability in life leads to effective use of existing services = health monitored = optimal health

Chaos in life leads to ineffective use of multiple services = crisis care if any = poor and declining health

The Health and Social Services Provided at The Well

For the most part, those interviewed and surveyed expressed satisfaction with the benefits of the individual services they identified as being provided at The Well (e.g. Centretown CHC flu clinics, counseling services from Royal Ottawa Mental Health Centre). Suggestions for improvement focused on more availability of existing services – especially health education, joint case conferencing involving The Well staff and community partners, improved confidentiality, and involvement of community partners in developing plans for The Well's future.

The Well's community partners and service providers expressed a lack of knowledge of the range of existing on-site services available at The Well. In some instances, duplicate services were identified and provided by different organizations were given. For example, both CCHC and ROH staff were described as providing nutritional information.

The Local Health Care System for Homeless Women

When asked about the local health care sector for women, the following key needs were collectively noted by all respondent groups:

- Leadership: Provide leadership for a strong network and coordination of existing community partners and service providers. The need for case management and a holistic approach was also identified. Reports[ii],[iii],[iv] on health services for homeless people reviewed for this project also stress the importance of integrating health services in order to reduce barriers to access and provide continuous and coordinated disease prevention-orientated health services.
- Primary Health Care: Increase the provision of and access to chronic disease prevention and health promotion programming, including access to screening programs and rehabilitation opportunities.
- Accessibility:
  - Provide accessible services and health clinics specifically for women where women feel safe and where care on a drop in basis is available. This could be an expansion of the CHC model.
  - Provide support workers to accompany women to appointments and explain what is happening.
  - Address transportation needs.
  - Provide assistance to access mobility aids and manage medication regimes.
- Advocacy: Develop a communication strategy to raise awareness with the general public and health care providers about what it means to be a homeless woman, including their health care needs.
- Housing: Address housing needs, especially the need for more supportive and supported housing[4], using a "Housing First Approach"[5].
- Holistic Care: Address the overall lack of addictions, dental, foot care and physiotherapy services.

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[4] The term supportive housing is usually used to describe housing that has onsite support tied to the home where more than 1 individual lives. Supported housing tends to describe support tied to one individual which follows that individual wherever they live.

[5] **Housing First**, also known as "rapid re-housing", is a relatively recent innovation in human service programs and social policy regarding treatment of the homeless and is an alternative to a system of emergency shelter/transitional housing progressions. Rather than moving homeless individuals through different "levels" of housing, known as the Continuum of Care, whereby each level moves them closer to "independent housing" (for example: from the streets to a public shelter, and from a public shelter to a transitional housing program, and from there to their own apartment in the community) Housing First moves the homeless individual or household immediately from the streets or homeless shelters into their own apartments.

Housing First approaches are based on the concept that a homeless individual or household's first and primary need is to obtain stable housing, and that other issues that may affect the household can and should be addressed once housing is obtained. In contrast, many other programs operate from a model of "housing readiness" — that is, that an individual or household must address other issues that may have led to the episode of homelessness prior to entering housing. (From Wikipedia).

A Vision of an On-Site Wellness Centre

Of the 56 respondents directly interviewed or surveyed, 4 did not endorse a role for The Well in addressing the needs of the health care system for homeless women, and 9 did not provide a response to the question on this topic. An additional 25 WOW participating in a focus group had the opportunity to comment on a role for The Well. They were asked; “If the Well decided to start a Wellness Centre, what things should we consider to make sure it meets your needs?” Their responses were indicative of support for an expanded role for The Well. No members of the focus group said The Well should not have a role in establishing a Wellness Centre.

Collectively respondents described a leadership role for The Well in bringing key community partners and service providers together for planning and coordination purposes in finalizing a role for a Wellness Centre.

Overall, there was respondent support to create a private area where current visiting community partners and service providers can meet confidentially with individual WOW, but there were mixed recommendations on the use of such an area. The greatest support was for enhanced coordinated services and supports from existing visiting community partners and service providers. The need for a nurse practitioner, dietitian and dental care staff were more frequently identified than that of a physician. The WOW participating in the focus group did not identify the need for an on-site physician. Several respondents suggested starting small and then expanding services as needed.

Respondents most frequently described the following as appropriate for on-site services at The Well:

- Provide health education programming, especially on healthy eating with group sessions and private individual counseling.
- Facilitate the provision of mental health counseling.
- Increase the availability of screening clinics (e.g. blood pressure, diabetes, hearing, sight, pap smears, dental and foot conditions, etc.). Also, consider group visits for mammograms.
- Coordinate with existing health care services in the community. This could include a case management function and staff/volunteers to assist the WOW to attend appointments.

Recommendations

The responses to interviews and surveys reveal a much more complex need beyond whether The Well should establish a Wellness Centre. A future role for The Well is embedded in understanding the needs of the whole local system in supporting homeless women and which organization(s), including The Well, are best positioned to address each need. Thus, it is recommended that:

- A task force on the health of homeless women in Ottawa to be established
- The Well should explore ways to increase its capacity to support health service delivery on-site.

1. Establish a Task Force of Key Decision Makers in the Health Care System for Homeless Women

An initial conversation with The Well and community partners and service providers needs to occur to establish a commitment in working together to integrate health services for homeless women. If a commitment is established, then a task force using the terms of reference outlined in this document can be formed. Discussion at the task force table should include:

- What integration model or combination of models is best suited to meet the health care needs of homeless women in Ottawa?
- What changes can The Well community partners and service providers make to their existing service menu to address gaps in the health care system for homeless women?

  A key discussion point should be their ability to provide expanded or new outreach on-site services at The Well. Specific points for this discussion could include:
  - Establishing a comprehensive list of health and social services currently provided by community partners and service providers.
  - Scheduling established dates and times for visits by community partners and service providers that are posted.
  - Planning and coordinating with community partners and service providers to ensure continuity to on-site services.
  - Assessing the possibility of a nurse practitioner-led clinic affiliated with a physician with a focus on preventative screening programs.
  - Establishing an education component around health education and nutrition.
  - Exploring the possibility of dental services.
  - Reviewing and developing inter-agency policy and procedures regarding service delivery including confidentiality and informed consent.
  - Improving accessibility to health clinics including pharmacological advice.
  - Additional mental health services and support for women.

There may be a need to address additional system services needs beyond what Task Force members can provide. It is recommended that the Task Force invite Dr. Gruner to a meeting to

learn about the process he used to engage the LHIN in planning and funding a new health service for government-sponsored refugees new to Canada.

Public education around health issues for homeless women remains a large gap that needs to be addressed as a systemic health care issue. A discussion regarding support for a Housing First approach is recommended.

The development of a communication plan to raise awareness amongst the general public and main stream health care providers about the needs of homeless women was identified. Specific activities could include the development of articles for medical and local news publications, speaking to university and college students preparing for careers in the health and social services fields, and presentations to local health and social service associations.

2. Explore Resources to Improve Capacity

Respondents were asked about The Well's capacity to undertake new or expanded services for WOW. Most agreed that additional staff would be required to coordinate related administrative tasks. The required qualifications and training for The Well staff should be explored on an as-needed basis as concerns were raised about women with severe issues being drawn to potentially new medical services at The Well.

Several respondents provided suggestions The Well should consider in establishing a Wellness Centre:

- Explore physical space and renovation possibilities for a private clinic space on-site at The Well.
- Approach Centretown CHC and Ottawa Inner City Health about possibilities of providing staff and equipment.
- Engage students enrolled in health and social service programs in service provision at The Well.
- Approach medical practitioners interviewed for this project about fee for service physicians interested in providing services to homeless women, should an on-site medical clinic be established in the future.
- Explore funding opportunities, such as the Community Foundation.

References

[i] Thomson, H. (September 2011). The Well/La Source Demographic Inquiry

[ii] Ontario Women's Health Council. (September 2002). "Health Status of homeless women: an inventory of issues".

[iii] Carolyn Whitzman, C.(2010) Making the Invisible Visible: Canadian Women, Homelessness, and Health Outside the "Big City"

[iv] Ontario Women's Health Council (2003). Models and Practices in Service Integration and Coordination for Women Who are Homeless or At-Risk of Homelessness: An Inventory of Initiatives