National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

National Collaborating Centre for Infectious Diseases

Centre de collaboration nationale des maladies infectieuses

LEARNING FROM PRACTICE:

JOINT ACTION FOR EQUITY - WORKING TOGETHER TO HOLISTICALLY SUPPORT THE UNDERHOUSED POPULATION DURING COVID-19

WHAT'S INSIDE...

What follows is a story that illustrates how primary care has worked with the community and with public health to improve population health and health equity. This and other Joint Action for Equity stories in the Learning from Practice Series highlight principles and practices that support improved relationships between primary care and public health, and the important role of communities in strengthening health systems.

The case study reflects an all-hands-on-deck approach to holistically meet the needs of people made vulnerable by their precarious housing situation. The story illustrates agencies that are determined to bridge silos across programs, practitioners and services to provide appropriate and safe services. It portrays three key levers identified by the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) for achieving primary health care: (1) aligning political and leadership commitment to primary health care, (2) mobilizing adequate financial resources to achieve goals and promote equity in access, and (3) engaging community members and organizations fully in the planning and implementation of services.[1,2]

This story was distilled primarily from a group interview conducted in June 2022 with Cool Aid, and secondarily from a group interview conducted with Island Health in December 2021. The story highlights perspectives and lessons learned from events that took place in 2020 and should be considered within this context.

PROJECT BACKGROUND

The goal of public health is to improve the health of populations through protection, promotion, prevention, disease and injury surveillance and responses, and emergency preparedness. Primary care supports first-contact, accessible, continued, comprehensive and coordinated patient-focused care.[7] Primary care and public health tend to operate independently, but the World Health Organization (WHO) recommends greater integration through ***primary health care***.

The WHO and United Nations Children's Fund (UNICEF) describe primary health care as a holistic approach to strengthen relationships and integrate public health and primary care services locally, with multisectoral actions to empower communities, promote population health, and improve health equity.[2]

The ***Joint Action for Equity*** project — a collaboration of the National Collaborating Centre for Determinants of Health (NCCDH) and National Collaborating Centre for Infectious Diseases (NCCID) — highlights examples of sector integration and primary health care. The project profiles stories of how public health programs, primary care service providers and community members created innovative partnerships to respond to local health issues and achieve greater equity in health outcomes.

SETTING THE STAGE

In late April 2020, the COVID-19 global pandemic was gaining momentum in Canada. Everything was new, nobody knew what was coming and British Columbia, like most other places in Canada, had declared a state of emergency. This was a period of high uncertainty in the global medical community, and as such, fear and anxiety were high and widespread.

For the Cool Aid core population, namely people experiencing homelessness or who are precariously housed in Victoria, this time was even more challenging. The main public health recommendations were to stay home and reduce socializing, yet many people were involuntarily living in close quarters around the city, in encampments and shelters, and congregating at sites where social services were delivered. The need to prevent the virus from spreading among this community, and to ensure that there would be a place for people to isolate if they were infected with COVID, were the top priorities for community organizations, health authorities and the government. In addition, the ramifications of being infected by COVID were still unclear, and so there was an urgency to protect this population.

On April 25, 2020, the Government of British Columbia issued a public safety order.[3] People who were unhoused had to be moved to more secure accommodations to reduce the immediate health and safety risks of staying in crowded living situations. In Victoria, many people experiencing homelessness had been moved to an encampment in a local park. The provincial order gave approximately 2 weeks to transition people out of the encampments and into temporary sheltering sites in hotels.

Several agencies rapidly mobilized to safely relocate more than 600 people. Cool Aid, as the main primary care service provider for this population in Victoria, was asked to provide medical care in these new spaces. Hotel spaces were secured through the work of many partners such as BC Housing, an agency focused on subsidized housing across the province, and the Island Health Authority, which provides a broad range of health services, such as public health, primary care, community health care and mental health services. These partners sought to ease the transition to hotel sites for community members needing shelter.

Cool Aid

Cool Aid is a long-standing, non-profit community organization whose mission is to offer life-changing services to adults who are impacted by poverty, colonization, stigma, mental health, addiction and homelessness in Victoria. Services are comprehensive and include affordable, transitional and supportive housing; emergency shelters; seniors housing; health, dental and social care; as well as other supports such as recreation and wellness programming and employment services. Services are free, community- and client-driven, and anchored in a cooperative and recovery-based approach.[8]

Cool Aid Community Health Centre has 15 nurses on staff who work in-clinic or in various outreach capacities and 18 addiction medicine and primary care physicians who provide primary care medical services. The centre provides well over 40,000 visits a year in its medical and dental clinics.

In the downtown area of Victoria in 2020, there were over 1,500 individuals living on the street. The population was mostly male (63%), disproportionately Indigenous (35%), primarily aged 25–55, and 90% had at least one health challenge.[9]

PROVIDING CARE TO PEOPLE IN TEMPORARY SHELTER HOUSING

School was out, downtown offices were deserted, and cafes were closed. While most of society was learning to navigate life at home with cancelled social activities, Cool Aid staff and their community partners were thrown into an intense period of activity, planning and preparation. Collaboration was critical, and people from various agencies had to learn very rapidly how to work together and communicate at a fast pace in order to provide the best level of care and support possible.

The uncertainty surrounding the various emergency orders, the rapid succession at which they were introduced and the subsequent need to swiftly secure space, services and supplies forced partners to meet around the clock. Even in this extremely fast-paced and new environment, staff found that the ensuing urgency meant that there was near complete agreement that supporting community members was the main priority. The political tools and financial means, anchored in dialogue and openness, were lined up rapidly to accomplish seemingly insurmountable goals.

By the beginning of May 2020, Cool Aid had primary care medical clinics set up in six hotels serving as temporary accommodation in the Victoria area.

Emerging issues and early wins

Interpersonal relationships

For the new residents, moving into these temporary spaces was overwhelming. Many people had been living outside for years, and many were living with substance use and mental health issues. The fast-paced move led to some residents feeling stressed, anxious, and unsafe due to past conflicts with other residents. It was concerning to the staff, who worried that current medical and social conditions could be exacerbated. Isolating people from their community by

moving them into individual rooms was a particular concern as it could inadvertently increase risk of overdoses. Housing people at risk of abuse with many others was also worrying.

However, the experienced staff in these temporary housing locations adjusted rules, spent time listening deeply to the residents and were flexible in supporting the whole person, including their medical and social needs. Relationships developed quickly because there was consistency in the staff who were in frequent contact with residents.

This relationship between staff and residents ensured that those most in need could be prioritized. Some residents had not seen a health care professional in a decade despite living with multiple medical issues. Being there, under one roof, with supports available, made a huge difference. For some, it was the first time in a long while that they could eat, rest and live, instead of simply surviving.

Organizational relationships

Many institutions had to overcome organizational differences very quickly. The strengths of Cool Aid, and many other smaller organizations, include flexibility and practicality that enable them to rapidly solve problems while applying their thorough understanding of the community and barriers they face.

As a large organization, Island Health can sometimes be slowed by its structure but, in this instance, was quickly able to adapt its approach. The team at Island Health was determined to put relationships first, both with community agencies and with the underhoused community. Island Health leaders and staff members were mindful that trust had to be developed and sometimes rebuilt with this population, who may have had difficult encounters with health care in the past. This approach allowed for relationships to continue to develop and strengthen

between organizations, so that when disagreement or different perspectives arose, the space was created to find solutions and ways forward together. Working together to minimize the spread and impact of COVID was always a driving understanding between agencies.

Efforts to share information quickly, broadly, and transparently were also underway at the health authority level. When clustering activity* was occurring, communications with the community partners were designed to invite a wide array of members: municipal leaders, operators of different shelters, supportive housing managers, BC Housing, physicians, community members, Indigenous organizations, and local band members. The meetings were structured to foster an open dialogue where the community and community agencies could come and discuss their fears and issues and generate solutions. In addition, across agencies, communication point persons who stayed in constant contact were designated. This helped everyone stay connected and in the loop.

Overall, there was a recognition that standard ways of operating were not immutable, that preconceived notions of what is good or bad or what works and doesn't work could and should be challenged, with respect, humility, and consideration of institutional barriers. Because dialogue was open and communication was constant, a lot could be achieved, and the community's needs were met.

Ethical care and competing priorities

The COVID-19 pandemic, although front and centre for all, was occurring while another public health emergency was continuing in the background. The opioid epidemic in British Columbia[4] had been underway since 2016. In early 2020, the number of deaths and accidental drug poisonings was still climbing, and many were afraid that the combination of restrictions on services, social isolation and impacts on mental health, and the increasingly toxic drug supply chain would make this situation even more severe.[5] Unfortunately, they were proven right. Starting in March 2020, the BC Coroners Service observed a marked increase in the number of accidental drug poisoning deaths in the province.[6]

Organizations struggled with ethical considerations, such as assigning priority to medical and physical care to prevent infections versus caring for the mental, spiritual, and social health of residents. The need to balance the approach, adjust social distancing protocols, lessen fear, and reframe and put risks in perspective was a daily challenge — one that staff and leaders met up front with determination, open conversations, and humility.

Evolution of services and overall approach

Initially, most of the efforts were directed to meeting primary care and infection control needs: from immediate medical issues, wound-dressing and respiratory symptom screens to non-medical needs such as harm reduction supplies and internet and phone access. However, services quickly shifted to also address longer-term health and wellness plans. Leaders and staff started asking whether this time could be used not only to prevent COVID from spreading and overdoses from happening but also to support people into addiction treatments, if that is what they wanted. Could long-term housing needs, chronic diseases or mental health issues be addressed too? Being together over time allowed staff at Cool Aid and other agencies to move from the immediate crisis to more longitudinal, preventive, and holistic services.

* a high volume of cases in certain areas

LESSONS LEARNED

Collaborating across sectors, across silos and sometimes across perspectives and approaches is challenging at any time but especially during a crisis. During this intense period in 2020, the sweet spot for collaborating and truly deploying services that meet a whole person's needs was anchored in a few principles:

Urgency and prioritizing

Agencies were aware that there was an urgency to act. It was necessary to do something rapidly even if the actions were uncertain, which was balanced by being flexible enough to adjust as needed. Cool Aid and partners demonstrated that, when situations arise that singularly focus all in one direction, much is possible.

Relationships and listening

Listening and developing strong relationships built on trust were a key component of how to work together. This was true between organizations and partners, and this was especially important when working directly with the underhoused community.

Practicality

Strategizing was necessary, but this experience was successful because it was also balanced with a heavy dose of practicality. Asking the organizations and people at the front line, and the people with lived expertise of inequities, to cocreate or provide constructive feedback was essential.

Honouring all forms of expertise

Using everyone's gift every single time was a priority because it was understood that no one person had all the information, expertise or skill set. Allowing everyone to come to the table and be humble about it made this experience positive.

LEVERS FOR ACTION ON PRIMARY HEALTH CARE

At a time when primary care in Canada is facing challenges and public health is coming out of an intense period, the story of Cool Aid, Island Health and partners has demonstrated that it is possible to collaborate even under urgent circumstances. Aligned political commitment and leadership, adequate financing for primary care and public health activities, and approaches that engage communities make partnership between primary care, public health, and communities achievable. The complementary perspectives, approaches and skill sets of each sector are especially important when moving forward in a period of uncertainty and can ensure that services are delivered safely and holistically.

For related NCCDH resources, please see:

Let's Talk: Advocacy and health equity

Let's Talk: Community engagement for health equity

Equity in Action: Island Health response teams mitigate impacts of COVID-19 in underhoused populations

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NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH
St. Francis Xavier University
Antigonish, NS B2G 2W5
tel. (902) 867-6133
nccdh@stfx.ca
www.nccdh.ca
Twitter: @NCCDH_CCNDS

National Collaborating Centre for Infectious Diseases
Centre de collaboration nationale des maladies infectieuses

NATIONAL COLLABORATING CENTRE FOR INFECTIOUS DISEASES
Rady Faculty of Health Sciences,
University of Manitoba
tel: (204) 318-2591
nccid@umanitoba.ca
www.nccid.ca

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