

Greater Hamilton Health Network

Building Community Health Together

Implementation of Women's Health Drop-in Days with Local Health and Social Service Partners for Homeless Individuals

Presentation Prepared for: Canadian Alliance to End Homelessness Conference November 4, 2022

Goal- to replicate Women's Health Drop-in Days

Objectives

- Learn about low barrier support to homeless women using a wrap around integrated care approach
- Hear lessons learned serving marginalized populations that do not use traditional access points in health and social care
- Understand the importance of peers and those with living experience in community events
- Understand the components of GHHN's Women's Health Drop-in Days

The Greater Hamilton Health Network is Proud to Serve Hamilton, Haldimand, Niagara North West and the many attributed populations and people who seek services in our areas.

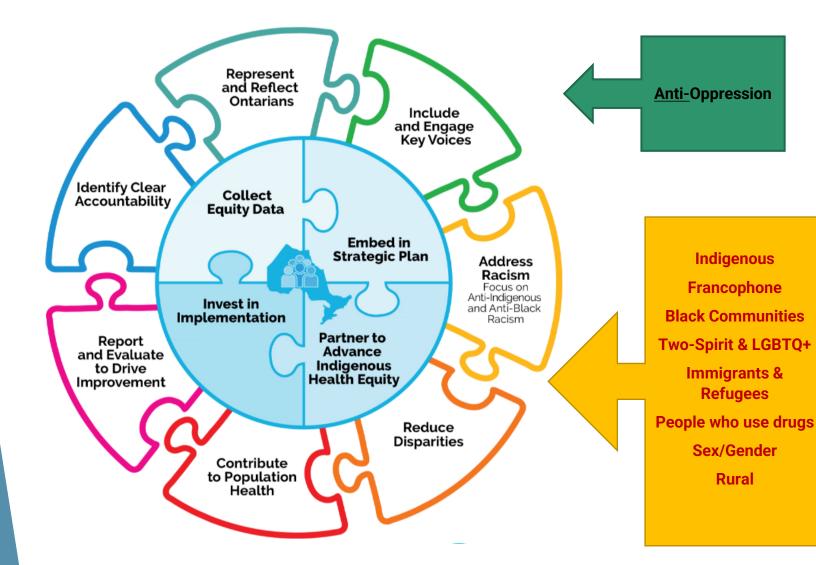
Each OHT across the province is responsible for an attributed population.

Attribution is a process for determining the Ontario residents that an Ontario Health Team (OHT) will be clinically and fiscally accountable for. The attributed population for an OHT refers to the total patient population of Network or Networks that best align to the OHT.



Grounded in Equity: The GHHN Health Equity Framework

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Focusing on Women's Homelessness as a Priority Population

- Homelessness is a major issue, but we cannot solve everything at once
- Homeless pregnant women and homeless older women on the rise since pandemic
- Leverage the existing women's providers including shelters, day programs, dropins, women's services



Women Envisioning Supportive Housing project-Hamilton, April 2021(3):

All reported two or more disabilities/chronic health conditions	40% reported six or more disability/chronic health conditions	92% reported problems with substance use/addiction	84% reported psychiatric/mental health challenges
80% self-identified substance use/addiction and psychiatric/mental health challenges	64% reported pain- related concerns	40% reported mobility issues/disabilities	60% self-reported cognitive or intellectual disabilities, learning difficulties
		reported injury	

Powerful Stories

"I don't want to be in a shelter near men, last time I was sexually assaulted by 5 men"

"I do remember a few times I had to sleep in a hospital waiting room, just pretending something was wrong with me so that I could stay warm"

"I was raped so many times I take drugs to numb me, I don't want to be addicted but it's where I am at"

"Last February I overdosed and was in the hospital for a month and a half. Not purposefully, but I was just sick of everything, and I couldn't deal with moving around all the time and not having my stuff" "I have no idea where I am going to sleep tonight, I have been kicked out of every shelter"

> "I think I might have Hepatitis, but I am scared, do I want to know??"

"I don't want the covid vaccine, it does nothing, I am homeless I don't go anywhere anyways"

" Everything I own was stolen last night"

"We need a special doctor that is like a psychiatrist or something that like helps people, because so much of homelessness is like mental health right? It all revolves around mental health, I think" "I have never had a pap smear" (works in the sex trade industry "If I want to stay indoors, I need to do drugs with my boyfriend and friends, then I need to sell for them too"



Local Data: What we DO NOT know...

- True numbers of women who are homeless
- Data on race, ethnicity, cultural needs, socio-demographic
- Primary care attachment rates

The risk in not knowing this information about women and gender diverse individuals makes it even more difficult to advocate for funding, policy reform and system change



The call to action: how to bring integrated care to homeless women

- Gender-based lens to homelessness
- Consider gender diversity, trans individuals - safety!
- Using research and the lived experiences, low barrier care is key
- Meet women where they are at (selfdetermination)
- Include a wide range of supports in one place (integrated health, social, wellbeing)
- Leverage multiple providers in on space

Integrated Initiative: Women's Health Drop In Days

The women's homelessness working group developed the concept of integrated low-barrier women's health drop in days

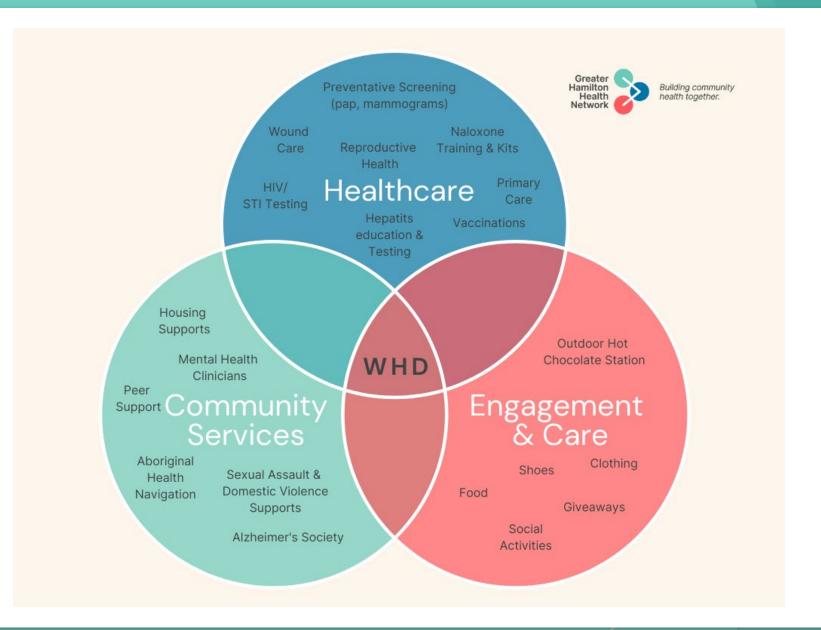
Goal: provide 2 days of dropin services per season

Offer multiple services and support, "one-stop shopping

Women's needs change as seasons change (food, clothing, medical care, housing supports)

Build or restore trust in health care providers Location: in the core, reduce need for transportation, lowbarrier

Location: known to women- shelter, dropin centre







































Partners Involved

- Good Shepherd
- Shelter Health Network
- ► HAMSMaRT
- Keeping Six
- McMaster University
- YWCA
- Mission Services
- De dwa da dehs nye>s
- Canadian Mental Health Association
- Hamilton City Housing
- Alzheimer's Society
- Aids Network
- Marchese Pharmacy and Shoppers Drug Mart
- Primary Care
- Hamilton Public Health





The Space

- Remember: low barrier!
- Utilize spaces in new ways
- Be mindful of where women already congregate
- Nothing needs to be perfect
- Locations used:
 - drop-in day program,
 - women's shelter/community space
 - ► YWCA



The Services

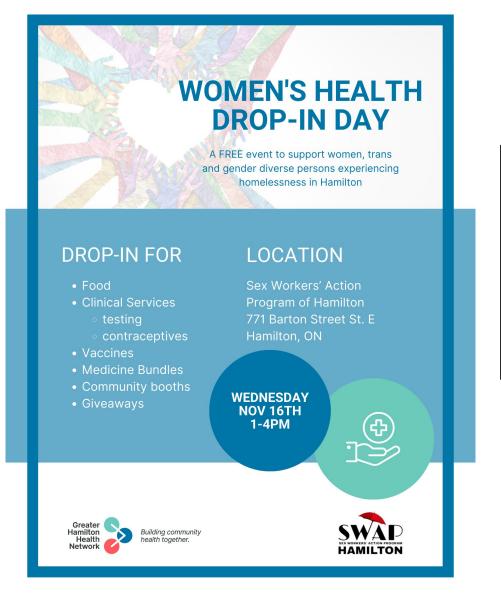
- Different types of services offered at each event
- Health-based services
 - Pap Smear testing, STI/HIV testing, HEP C testing, COVID and flu vaccines, mental health & addictions, contraceptive counselling, wound care, foot care, smoking cessation
- Community and social services
 - food, donations, housing services, community mental health, addictions and recreation services, Alzheimer's Society, ODSP application



Donations and Giveaways

- Clothing and shoes- changes seasonally
- ► Socks, underwear, hats, mitts
- Feminine and other hygiene products
- ► First aid kits
- ► Food, snacks, water to go
- ► Gift cards for grocery stores

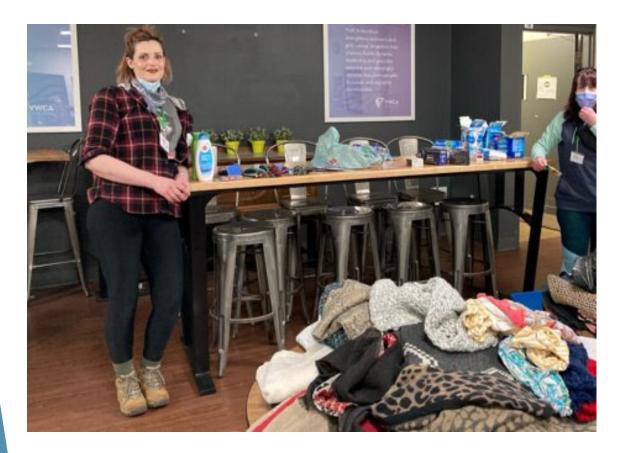
Promotion





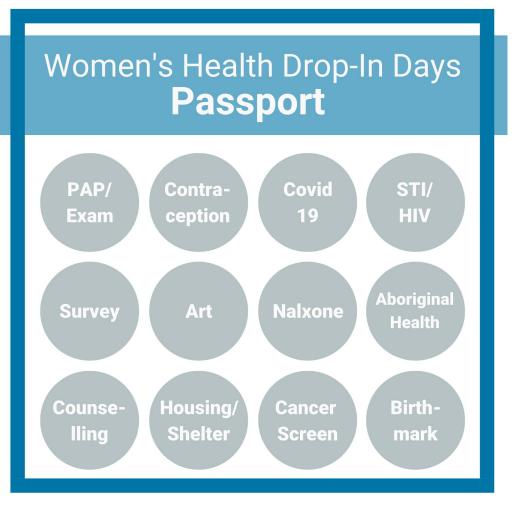
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Peer Support



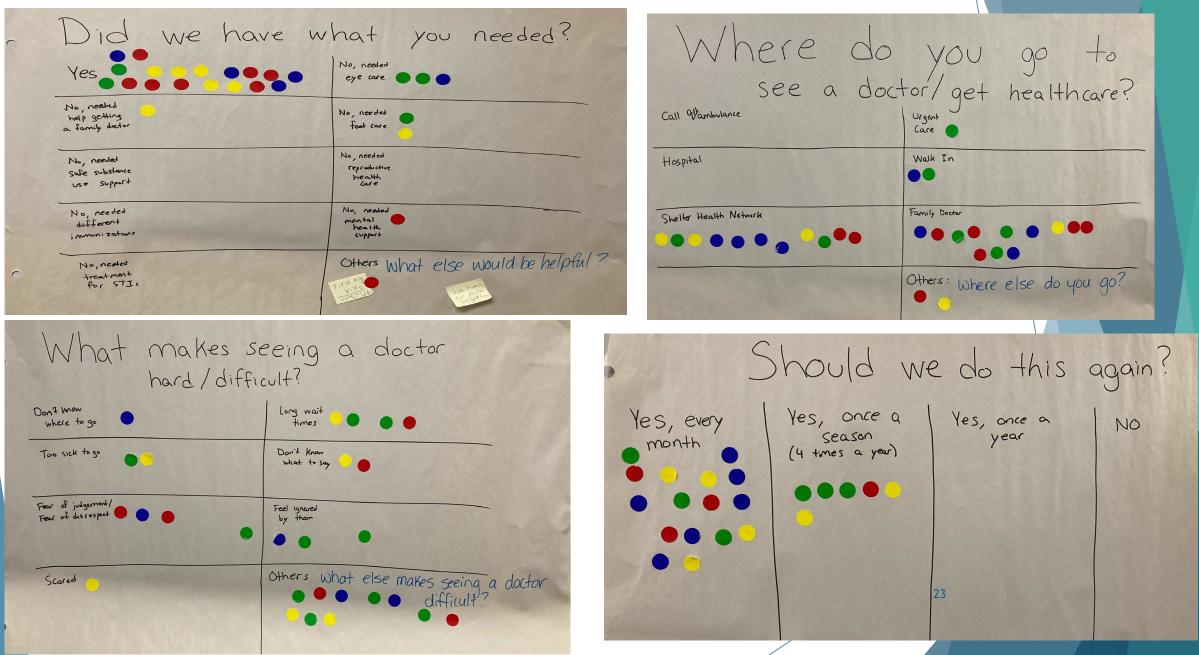
- Peer support was integral in design and execution
- Safety, conversation, trust
- Peers knew some of the women in the community, brought them
- Role: attend testing with women, show participants around, engagement

Participant passports





Dotmocracy



What we have accomplished in 1 year with 4 Events

88 COVID vaccines + 300 women served 42 pap smears over 8 days 23 flu vaccines > 80 Mental Health 115 Naloxone kits 78 women tested for and Addictions STI/HIV/POC HEP C distributed consults 2 individuals 15 peer support 10 wound care supported for trans workers health care Giveaways: food, 40 NRT kits gift cards, medicine 28 contraception distributed + bundles, clothing, smoking cessation consults feminine hygiene education products

Future Reading

- Evaluation- Partnered with McMaster University Research Shop for a program evaluation of Women's Health Days
- Playbook- Partnered with YWCA, McMaster University to create a playbook as a guide for organizations to plan and execute Women's Health Days in their communities
- Available on our website greaterhamiltonhealthnetwork.ca

RESEARCH	"know what's out there!" Program evaluation of Women's Health Days Prepared for Greater Hamilton Health Network In August 2022 By Manisha Pahwa Areba Asghar	2022	Evaluation of the Greater Hamilton Health Network (GHHN) Women's Health Days	
rehop@momaster.ca researchahop.m	Renaster ca Commutity Engagement GHHN Playbo	Greater Betwork	Building community nearth Together.	1
	WOMEN' HEALTH DAYS Greater Healton Health Comm	S		

Stories of Hope

- "Can you come back next week?"
- "You are all angels"
- "I have never had these things all in one place"
- "Thank you for caring about us"
- "Today I got a pap, HIV testing, naloxone and a meal, I wish you were here every day"
- "I have never had a pap test, or have anyone ask me about one"

Building Community Health Together " "

Person-centered approach in collaboration with providers

Address the multidimensional needs

Never underestimate the value of a 1:1



conversation



Reflection Questions

How does your health and social system look after vulnerable women?

When was the last time you heard the stories of women living on the streets?

Who is doing the work with vulnerable populations and how can integrated efforts be leveraged?

We can act now to help; we do not need to wait for system change to care

Contact:

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Questions/Comments/Closing

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