



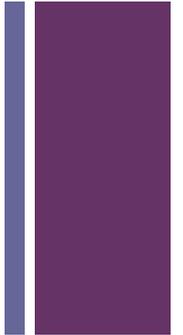
We Can Make it Work: A Program Evaluation of Street Health's Nursing Program

Stephanie Gee, Anne Marie Batten,
Jessica Hales, Allana Sullivan, and Beth
Pelton





Street Health Nursing Program



■ Program Goals

- To assist people who are homeless and underhoused to achieve and maintain optimum mental and physical health through front line health care, education, and advocacy.

■ Theoretical Approaches

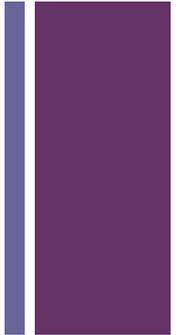
- Ecological Model of Health Promotion
- Primary Health Care
- Client-centered Care

■ Program Structure

- Four nursing clinics offered at drop-ins
- Follow-up
- Street outreach
- Committee involvement and advocacy



Nursing Program Evaluation Framework



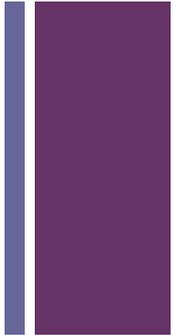
■ Methodological Design

- Participatory program evaluation
- Process and outcome evaluations
- Mixed-method approach utilizing:
 - Semi-structured interviews with 5 long-term clients
 - Structured interviews with Street Health Nurses
 - Quantitative analysis of client survey (N = 50)



Nursing Program

Individual Level Analysis



■ Health Care

- Increase access to health care and improve overall health and well-being
 - Provide accessible, respectful, and nonjudgmental primary care
 - Refer to health and social services that address the social determinants of health (e.g., OW, Housing, ID)
 - Collaboratively develop client health care plans

■ Education

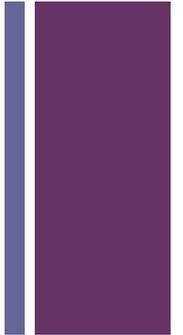
- Provide health education

■ Advocacy

- Decrease barriers to health care
 - Assist clients in navigating the health and social service system and advocate for client needs within this system



Primary Care Delivery



■ *Process*

- Among the 50 clients surveyed,
 - 48 reported that the nurses treated them in a respectful and non-judgmental manner
 - 49 indicated that they found the nurses approachable and easy to talk to

■ *Outcome*

- Among the 50 clients surveyed,
 - All the clients reported feeling comfortable with the nurses
 - 48 indicated that they trusted the nurses
 - 45 stated that they felt comfortable discussing their personal concerns with the nurses

*“A lot of people out there have mental health. They don’t want to see a shrink, and they feel very comfortable with these nurses and [the nurses] are very supportive. They’ll listen to you if you have a problem”
(JD)*

+ Connecting Clients to Health and Social Services

■ *Process*

- Of the 35 clients referred to other services,
 - 22 were not previously aware of the service

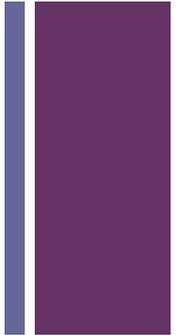
■ *Outcome*

- Of the 35 clients referred to other services,
 - 30 utilized the referral
 - 26 found the referral helpful

“Well, they got me on welfare. They told me, all you need is that piece of paper. I was in the system for a long time and they always told me, you need ID to get welfare. So, I came here to the ID place and they just had a piece of paper...yeah you apply for the IDs, took that to welfare, and oh here’s your cheque...” (KS)



Client Health Care Plans



■ *Process*

- Among the 50 clients surveyed,
 - 41 indicated that the nurses provided health care planning reflective of their lifestyle
 - 40 reported that the nurses assisted them in developing a health care plan

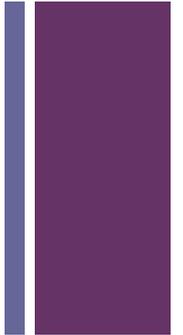
■ *Outcome*

- Among the 40 clients who had a health plan developed,
 - 31 reported following the plan to some degree

“She [the nurse] makes this [points to a schedule]. She helps me know all about them. She takes me tomorrow to see my real doctor...to 61 Queen Street, the highrise...she is going tomorrow. She phones me all the time...good woman, that lady.” (EN)



Health Education



■ *Process*

- Among the 50 clients surveyed,
 - 46 indicated that the nurses were helpful in providing health care information

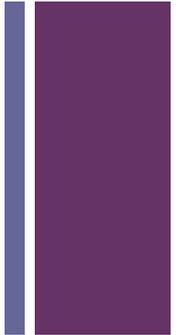
■ *Outcome*

- Among the 50 clients surveyed,
 - 40 reported improved health care knowledge as a result of working with the nurses

“My diabetes...when I was first diagnosed it was very hard. So the nurses taught me more like how to keep my blood sugars at a normal level, using diet. They showed me a diet sheet and stuff...” (JD)



Improved Health and Well-being



- *“Mentally it has, I think. I feel more...not so depressed. Like there is someone out there who cares. Like they spend some time thinking about you” (KS)*
- *“For the better...I’m more adept at getting more rest. I use only once in...say, I use [crack] tonight for a couple of hours, then next time I’m getting tired I just say, ok that’s it, you know. I’m getting my rest, getting my sleep. Before I’d just continue going, going, going...” (BJ)*
- *“I am doing a lot better...I can get up and move around. I feel a lot better. Before, I didn’t because I was sick all the time...and I had breathing problems [panting]. I don’t have that anymore. Gone...” (EN)*

+ Individual Support and Advocacy

BEFORE

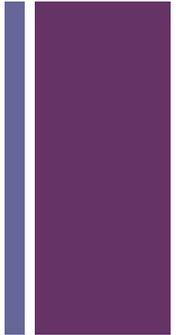
- LM was aging and experiencing a decrease in income
- LM lost his apartment and was living between shelters and the street
- LM experienced physical assault which resulted in head injury and was subsequently placed in a nursing home for recovery
- LM left the nursing home and resumed sleeping outdoors
- LM lost financial trustee and experienced difficulty with income management
- LM's health deteriorated (e.g., reduced vision) and did not seek medical care because he did not trust medical professionals

AFTER

- LM began attending Street Health nursing clinics
- LM developed a trusting relationship with the nurses
- LM was reconnected with health care system and received treatment for medical conditions – family doctor, urologist (prostate cancer), and ophthalmologist (glaucoma)
- Nurses managed LM's medications and provided on-going monitoring of medical conditions
- Nurses referred LM to housing worker which led LM to secure supportive housing and case management (included financial)



Nursing Program Systemic Level Analysis



■ Health Care

- Development of partnerships to:
 - Improve access to health care
 - Expand range of health care services provided

■ Education

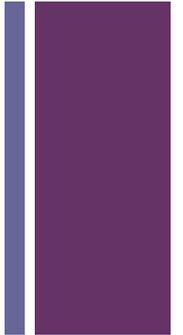
- Education of Street Health staff and students via internal committees
- Education of health and social service providers, politicians, policy makers, and community members via participation on external committees and through publications and presentations

■ Advocacy

- Collaboration with health and social services providers to decrease barriers to care within the mainstream health and social service system



Health Care Provision and Delivery



■ Improve Access to Health Care

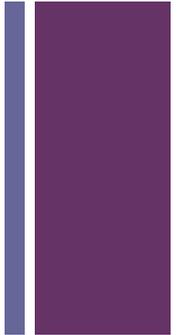
- Provide nursing clinics in local drop-in's (all Saints Church and Friendship Centre, Good Neighbour's Club) and provide care on-site at Street Health and through street outreach

■ Expand Range of Services Provided

- Through partnerships with local agencies
 - NP from Sherbourne CHC and Regent Park CHC attends nursing clinics to increase access to medical care, diagnostic testing, and prescription medication
 - Chiropodist from Regent Park CHC to offer foot care
 - CCAC provides RN for nursing clinics to increase number of clients accommodated
 - Informal partnerships with hospitals to conduct outpatient care



Education



- Community and Policy Level Education Through:
 - Participation on 5 internal committees
 - Mentoring of approximately 15 students (high school, nursing, medical, social work) per year
 - Participation on external committees related to the following:
 - Homeless Community Advisory Panel
 - Health Equity Council
 - Health Providers Against Poverty
 - Toronto Palliative Care Network
 - TB Coalition
 - Hot Weather Response Committee
 - Toronto Disaster Relief Coalition
 - Canadian Harm Reduction Network
 - Street Nurses Network
 - Health Bus Community Advisory Panel

+ Systemic Support and Advocacy

■ Involvement in the Women Abuse Screening Project at St. Michael's Hospital

- Street Health nurse acted as a community advisor to develop a screening tool for the Emergency Department
- Engaged women with lived experience in the process
- Advocated for post-disclosure support and safety follow-up

■ Involvement with Homeless Cap at St. Michael's Hospital

- Advocated for a support worker for the Emergency Department
- Support Worker to assist clients in navigating through the emergency department experience and advocate for their needs



Benefits, Challenges and Best-practices

■ Benefits

- Increase access to health care
- Empower client to direct own care
- Improve health and well-being among client population

■ Challenges

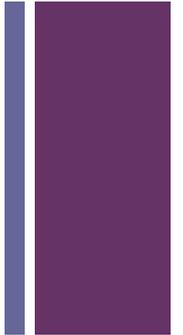
- Clients adherence to health care plan
- Structural support to maintain good health
- Measuring systemic outcomes of the nursing program

■ Best-practices

- Client-centered care
- Harm Reduction approach
- Peer Involvement
- Delivery of services in an accessible location
- Agency partnerships to expand services offered to clients
- Individual advocacy within the mainstream health care system
- Education of service providers



Program Expansion Recommendations



■ New Immigrants

- Three month waiting period for a health card = no access to health care
- Limited knowledge of Canadian health care system
- Lack of established health care relationships
- Language barriers

■ Cities Experiencing Increasing Homelessness

- Lack of infrastructure to support homeless
- Decreased quality of health due to homelessness
- Lack of Harm Reduction supports and services

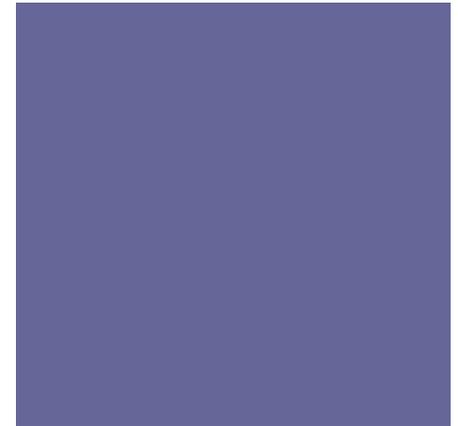


Questions and contact information:

Stephanie Gee

Research and Evaluation
Coordinator

stephanie@streethealth.ca



Thank You
Questions?