



Spotlight Presentation 1-2: Co-Design for Integrated Healthcare for People Experiencing Homelessness

Presenter:

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Description:

A Program Co-Design Table led by regional housing made up of health, housing, and social service providers collaborated to develop an integrated, primary care service for people experiencing homelessness. The co-design process will highlight strategies and tools for effective processes and collaboration, incorporating insights from people with lived experiences and subject matter experts.

Session objectives and learning outcomes:

- To understand strategies for the co-design process among diverse stakeholders
- To utilize partnerships and adapt tools to capture the perspectives of those with lived/living experience
- To gain knowledge of advocacy and pre-work of co-design and ideation

Full description:

Challenge:

People experiencing homelessness face significant barriers to accessing health care services, primarily stemming from stigma, discrimination, transiency, lack of transportation and lack of formal identification.

Typically, individuals experiencing homelessness resort to seeking healthcare from Emergency Departments, often only once in crisis. There is a pressing need to establish a service that addresses the unique needs of unattached clients requiring primary care, especially in under-resourced regions.

During the pandemic, the Region of Peel's COVID response for people experiencing homelessness provided an opportunity to deliver health care services in new ways, fostering improved integration of health and housing.

As external funding resources for COVID have finished, a local regional-led initiative became essential to sustain learnings and services, as the province does not provide dedicated funding to homeless health care, unlike several other urban municipalities in Ontario.

Action:

A new integrated service delivery approach was deemed essential for people experiencing homelessness who face barriers to accessing primary care. Through a commitment to transform service for clients, Regional staff have been supporting efforts to enhance integration and strengthen connections across sectors and with service providers in local health and housing systems.

To achieve an integrated and sustainable model of care, a Program Co-Design Table was created through an open call for participation, bringing together 25 organizations from both the health and social services sectors, including people with lived experience of homelessness. Through strategically planned and facilitated sessions, the Table developed a service delivery model encompassing primary care and social services, with a focus on housing referrals, for those experiencing homelessness.

The collaborative effort has formed goals, identified necessary services, and formulated strategies to address factors related to health equity, accessibility, and approachability. Several tools were adapted to capture the perspectives of people with living experiences. The envisioned service provision involves a partnership between health, housing, and social services, emphasizing integration.

The model entails low-barrier accessibility with nurse practitioners and/or nurses visiting shelters and drop-in centres across the region to provide primary care, complemented by system navigators and housing support workers offering services and referrals.

Impact:

The collaborative goal among the table is to develop an easily accessible and responsive health care service, that is high quality, integrated, and sustainable for people experiencing or transitioning out of homelessness.

The expected outcomes include improved access to health care services and enhanced integration of health and social services, with measurement criteria focusing on the number of clients served and the number of follow-ups. Integration will be assessed by the quantity and quality of health, housing, and social services received by each client as well as their housing status.

Trajectory

The Region of Peel has funded an interim model with a contracted service provider to provide community nursing at various sites across Peel. The program's scalability is contingent on securing sustainable funding from Ontario's health system and broadening the scope and accessibility of primary care services.

One strength of the model's framework is that it can be adapted according to the needs of various vulnerable populations who are underserved in our communities. Future work involves working with key community health stakeholders to increase the frequency and breadth of the primary care service for unattached clients.

As the program expands and incorporates more community health providers, ongoing advocacy will be crucial to securing sustained funding.