

REACH Niagara – Healthcare, Homelessness and COVID in Niagara

Public Health & Social Services Committee
Presentation only – no corresponding report

October 13, 2020

Dr. Karl Stobbe, Medical Director, REACH Niagara

David van Velzen, Executive Director, REACH Niagara

Regional
Essential Access
to Connected
Health, Niagara



Healthcare, Homelessness and COVID in Niagara

Dr. Karl Stobbe: Medical Director
David van Velzen: Executive Director



Goal: to connect marginalized people with existing available healthcare services

Population served: initially, homeless people in St. Catharines

Intervention: family medicine clinics in shelters

Care, education and research

REACH Organizational Development

- Incorporated 2019
- Charitable status 2019
- Interim board of directors

As of March 2020:

- One doctor, one nurse practitioner
- 3 shelter-based clinics, all in St. Catharines
- Planning for a Welland clinic, with an additional NP and MD

REACH collaborators

- McMaster University
- Brock University
- Niagara College
- Niagara EMS
- Niagara Region Public Health
- Niagara Region Mental Health
- Niagara Region Homelessness Services
- Niagara North Family Health Team
- Welland McMaster Family Health Team
- Niagara Falls Community Health Centre
- Niagara Medical Group Family Health Team
- Niagara Assertive Street Outreach Team
- Salvation Army Booth Center
- Southridge Shelter
- YWCA Niagara
- Hope Center
- Attachment and Trauma Treatment Centre for Healing (ATTCH)
- Community Addiction Services of Niagara (CASON)
- Fowler Family Foundation

REACH healthcare providers

Doctors

Karl Stobbe

Pam Kapend

Bob McMillan

Mo Moore

Nurse practitioners

Jane Carson

Erin Jarvis

Elise Suhadolc

Laurel Satov

Lois Barlow

REACH Services: Access to the System

- Family doctor, nurse practitioner and paramedic
- First contact with the system: care for 80% of problems
- Refer to specialists when needed
- Prevention: vaccination, pap tests, blood pressure treatment, etc.
- Complete forms to increase income
- Through collaboration:
 - Pharmacy
 - Dental
 - Foot care
 - Trauma counseling

Development

1. St. Catharines (largest population of poor/homeless):
 - a) Salvation Army Booth Centre (Apr 2018)
 - b) Southridge Shelter (Dec 2018)
 - c) YWCA (June 2019)
2. COVID Mar 2020 - Added:
 - a) YWCA Culp St
 - b) High-risk shelter Niagara Falls
 - c) COVID isolation shelter
 - d) Consumption and Treatment Services (safe injection site)
3. Niagara Assertive Street Outreach Collaborative

Common health conditions we see:

- Mental health and addictions
- Chronic pain
- Skin conditions – rashes, spots, sores, infections
- Sexual health: infections, contraception, etc.
- Injuries: cuts, bruises, sprains, broken bones
- Diabetes, heart disease, lung disease
- Abdominal pain, headaches, arthritis
- Etc.

Safety

- Best care:
 - A single prescriber (or single clinic)
 - A single pharmacy

Health Care While Homeless: Barriers, Facilitators, and the Lived Experiences of Homeless Individuals Accessing Health Care in a Canadian Regional Municipality

Qualitative Health Research

1–11

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DOI: 10.1177/1049732319829434

journals.sagepub.com/home/qhr



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Abstract

Persons struggling with housing remain significantly disadvantaged when considering access to health care. Effective advocacy for their needs will require understanding the factors which impact their health care, and which of those most concern patients themselves. A qualitative descriptive study through the lens of a transformative framework was used to identify barriers and facilitators to accessing health care as perceived by people experiencing homelessness in the regional municipality of Niagara, Canada. In-person, semi-structured interviews with 16 participants were completed, and inductive thematic analysis identified nine barriers and eight facilitators. Barriers included affordability, challenges finding primary care, inadequacy of the psychiatric model, inappropriate management, lack of trust in health care providers, poor therapeutic relationships, systemic issues, and transportation and accessibility. Facilitators included accessibility of services, community health care outreach, positive relationships, and shelters coordinating health care. Knowledge of the direct experiences of marginalized individuals can help create new health policies and enhance the provision of clinical care.

Adapting and Improving

- Ongoing: we seek input from shelters about the experience of their guests with REACH
- With our academic partners, we conduct surveys and research about how to improve care, and how our patients can direct the improvement
- Currently: 3 research papers and 2 quality improvement projects in process

Niagara: COVID, homelessness and healthcare

The concern:

Homelessness and poverty could be a risk for severe disease from COVID-19 due to:

- Stress/anxiety/mental health
- Drug/alcohol use
- Nutrition
- Lack of exercise

AND the congregated living conditions could increase spread

Niagara: COVID, homelessness and healthcare

The response:

A collaboration between:

- Niagara Public Health & Emergency Services
- Niagara Region Homelessness Services
- REACH Niagara
- McMaster University Family Medicine Program

Public Health & Emergency Services

- Advised regarding best practices
- Reviewed plans
- Inspected locations (shelters, clinics)
- Conduct COVID swabs in the COVID isolation shelter
- In the Safe Injection Site, work with physicians for diagnosis and treatment of skin infections

Niagara Homelessness Services

- Limited chance of spread
 - Lock-down shelters: no visitors or volunteers
 - New shelters for:
 - Vulnerable individuals – age or medical comorbidities
 - COVID isolation – those with symptoms are swabbed and kept isolated while awaiting results
 - High-needs individuals – chronically homeless and not in shelters
 - Reduced crowding – reduce population, head-to-toe sleeping, physical distancing
 - Enhanced cleaning
 - Supplied non-medical masks for staff and clients
 - Improved staff support
- Frequent communication with shelters including biweekly teleconferences
 - Ensuring screening tools were updated for employees and clients
 - Supported policy and procedure development to protect safety of clients

McMaster University Family Medicine Program

- By April, most non-emergency health services had shut down
- This affected Niagara's 20 Family Medicine Residents
- Meantime,
 - Many walk-in clinics were closed
 - Most homeless people don't have a family doctor
- In this population, 'non-emergencies' often become emergencies:
 - Uncontrolled blood pressure, diabetes, cardiac problems
 - Deteriorating mental health
 - Skin infections from injection drug use leading to heart, blood and bone infections



McMaster University Family Medicine Program

- The solution: Residents 'attached' to shelters – one resident per shelter at 7 locations.
 - Weekly video or phone clinics in some, daily check-in with staff in others
 - COVID symptom response – for public health
 - On-call: available to all shelters 8 a.m. – 9 p.m. 7 days a week
 - Resident supervision provided by McMaster faculty



Safe Injection Site Support

People come to use, don't want to stay, don't want to be identified, don't want to speak with doctors. Staffed by EMS paramedics.

Resident roles:

1. COVID symptom response – for public health
2. Skin infections
 - Assessed by paramedics
 - Resident reviews, discusses with paramedic
 - Antibiotics are given to patient immediately
 - Antibiotic protocol created by Dr. Ali (head of Infectious Disease at Niagara Health System)

COVID Isolation Shelter Support (Niagara Region)

- Welcoming, low-barrier, high-support shelter.
- Increased staff, including some with healthcare backgrounds
- Residents worked with Niagara experts to develop in-shelter protocols for:
 - Opioid addiction
 - Alcohol withdrawal

REACH Niagara

- **Video clinics** – provide care while keeping shelters safe from COVID
 - Purchasing and installing computers, speakers, web-cams
 - Training shelter staff to start the video visits
 - Upgrading bandwidth at provider's location
- **iPad clinics, Phone clinics** where video not possible
- Manage **COVID results** while maintaining patient privacy rights
- Ensure supervision for residents, organize faculty on-call
- Liaise and **connect**; ensure all are working together:
 - Addiction providers (Dr. MacKay, Dr. Kimacovich)
 - Infectious disease expert (Dr. Ali)
 - Public health (Dr. Feller)
 - EMS (Karen Lutz and Rob Law)
 - Shelter managers and staff

REACH Niagara

“House Calls”

- People who lived in shelters but are now housed, but don't have a doctor
- Not allowed into shelter clinics because of COVID
- Phone visits, with rare in-person visit (if required)

Niagara Assertive Street Outreach Team

- MD joins team huddle twice-weekly
- Very helpful for people discharged from shelters to the street, together we offer ongoing healthcare

Lessons Learned

- Collaboration
- Communication
- Challenges create opportunities

Next Steps

- Welland Hope Center clinic (Oct 2020)
- Alternate Funding Plan
- Clinic in Niagara falls (2021)

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<https://reachniagara.com/>