



Hidden homelessness & community outreach: Opportunities for social accountability in practice

Dr. Anne Andermann
Family Medicine Centre
St Mary's Hospital

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I have no conflicts of interest to declare

Dr. Anne Andermann

- Family doctor
- Public health physician
- Public servant
- Global health researcher
- Associate professor at McGill
- Book author
- Mother of two young children
- Second generation Canadian
- DPhil from Oxford University



<http://www.mcgill.ca/familymed/research-grad/research/faculty/anne-andermann>

Learning objectives

- At the end of this session you will be able
 - To explain how McGill Family Medicine has gradually developed and institutionalized Community Oriented Primary Care (COPC) approaches to better meet the needs of the local population that we serve
 - To understand the impetus for creating a community outreach clinic in Cote des Neiges (at Multicaf) and what this entails
 - To appreciate the various challenges that have been overcome and that remain in implementing such an initiative and the many partnerships involved

Acknowledgments – it takes a village...

- Directors
 - Dr. Maureen Doyle, Dr. Sandra Morris
- Administrators
 - Sophie Martel (community outreach nurse coordinator), Marie Boursiquot, Sharon Pouponneau, Francine Labrecque, Lina Ricci, Stefania Ghencea
- Community organizations
 - Multicaf – Bernard Besancenot
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 - Baobab Familial – Vanessa Sykes
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- Researchers
 - Ariane Courville-Le Bouyonnec, Safina Adatia



Acknowledgments – it takes a village...

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- Camille Bouchard
- Ian Gerard

**Not possible without
patient navigators !**

Outline

- Background
- The Community Outreach Clinic
- Initial results & lessons learned
- Clinical and advocacy tools



Background

- COPC at McGill
- Homeless count Montreal
- Cote des Neiges response
- St Mary's retreat

Over 10 years of COPC at McGill University

- Teaching
 - Annual community orientation
 - COPC grand rounds
 - Complex care teaching
- Research
 - Mapping community resources
 - Hidden homeless research
 - Homelessness clinical guidelines
- Clinical innovation **NEW!**
 - Community outreach clinic



<https://www.mcgill.ca/familymed/education/postgrad/copc>

Meeting the needs of the community that we serve

The Annual Community Orientation



Residents, nurses, physicians and community group members at the Annual Community Orientation 2013 in Cote des Neiges

On the first Wednesday of August each year, there is a community orientation for incoming family medicine residents at McGill University. The purpose is to introduce residents to the multicultural community that they serve as well as to the community organizations who are important partners in providing patients and the population with much needed social support and services to positively impact the broader determinants of health. The community orientation is organized by the Community Oriented Primary Care (COPC) Committee at the Family Medicine Centre of St Mary's Hospital with the support of several local community organizations including:

Femmes du monde à Côte-des-Neiges

Accueil

Mission

Activités

Vie Associative

Actions Collectives

Contactez-nous

English



Le Baobab Familial

ACCUEIL

QUI SOMMES-NOUS

CALENDRIER D'ACTIVITÉS

BÉNÉVOLAT

SERVICES OFFERTS



Multicaf
cafétéria communautaire
et dépannage alimentaire
514-333-0554

Multicaf savoure 20 ans!
20 ans en première ligne
20 years on the frontline

Montreal Homelessness Count finds 3,016 in city

10 per cent of city's homeless population is aboriginal, new survey shows

CBC News Posted: Jul 07, 2015 9:13 AM ET | Last Updated: Jul 07, 2015 8:27 PM ET



Organizers of the new Montreal homelessness survey are hopeful the data will lead to improved programs to address the issue. (CBC)

Only 6 people homeless in Cote des Neiges??

- Local SPVM street patrol aware of 47
- How many are hidden homeless?

Response

- **Launch of the « Table de réflexion sur l'itinérance à Côte-des-Neiges »**
- **Resident research projects on hidden homelessness**
 - Literature review – models of care
 - Interviews with caregivers
 - Hearing the voice of people with lived experience in Cote des neiges



Main findings – Making their voices heard

- Wide range of health & social challenges
- Multiple barriers to accessing care
- Potential solutions:
 - Raising awareness among local health workers
 - Create pathways to help people get the care they need
 - Increasing community-based outreach

“If they would come in and see the needs of the people, they'd get a more general view and not just say, ‘well, we can't help people unless they come to us.’ Sometimes it's better to go out to them.”

- Canadian-born female in her 40s

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



A VISION FOR CANADA

Family Practice The Patient's Medical Home

St Mary's retreat 2016

- Goal 5: A Patient's Medical Home will provide each of its patients with a comprehensive scope of family practice services that also meets population and public health needs
 - 5.5: Patients' Medical Homes should address the health needs of both the individuals and populations they serve, incorporating the effects that social determinants such as poverty, job loss, culture, gender, and homelessness have on health

[http://www.cfpc.ca/uploadedFiles/Resources/Resource Items/PMH A Vision for Canada abridged.pdf](http://www.cfpc.ca/uploadedFiles/Resources/Resource%20Items/PMH%20A%20Vision%20for%20Canada%20abridged.pdf)



How can we do better?

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The Community Outreach Clinic

- Goals
- Partners
- On-boarding process

Goals

- **Patient & community-oriented goals:** To improve health outcomes and increase access to care for local community members in need, who face various health and social challenges, but do not have a patient medical home, and want to access comprehensive primary health care services on an ongoing basis
- **Educational goals:** To provide an opportunity for medical students and family medicine residents to acquire collaborator and health advocacy competencies through practical experience & patient care
- **Institutional goals:** To provide an opportunity for the primary health care organization to engage in social accountability and outreach

Partners

- Family Medicine Directors
- Clinic Administrators
- Community organizations
- Clinical supervisors
- Researchers (evaluation)
- Family medicine residents
- Second year medical students (patient navigators)



On-boarding process (2-3 months)

- Recruitment
 - Potential participants identified by local community groups
 - Information offered & sign-up form completed with patient navigators
- Clinic visit 1
 - At Multicaf on Thursday mornings
 - Each R1 is matched with one or two community outreach patients
 - Patient navigator support ongoing
- Clinic visit 2
 - Within 2-6 weeks at St Mary's
- Ongoing follow-up



Family medicine clinic sign-up form

Fax to: Sophie at 514-734-2605

Some people need a family doctor but face challenges finding long-term access to health care services close to where they live. We are offering the opportunity for up to 25 people to join the St Mary's Family Medicine Centre, a primary health care clinic in Cote-des-Neiges affiliated with McGill University. The centre provides care using multi-disciplinary teams including family medicine doctors-in-training, family doctor supervisors, nurses, a psychologist and a social worker. **If you are interested, please complete the information below.** You will then be contacted within a few weeks to schedule your first appointment which will be held at Multicaf to meet your doctor and learn about the clinic services. All following appointments will be at the St Mary's Family Medicine Centre at 3777 rue Jean Brillant, Montreal, Quebec, H3T 1M5.

First name: _____

Last name: _____

Date of birth: Day _____ Month _____ Year _____

Language preferences: _____

Home address: _____

City: _____ Province: _____

Postal code: _____ Telephone: _____

RAMQ number: _____ expiry _____

St Mary's hospital card number: _____

Mother's first and last name at birth: _____

To be completed by administrators:

Patient navigator (first and last name): _____

Approved by Bernard (signature) _____ Date faxed _____

Processed by Sophie (signature) _____ Visit 1 _____ Visit 2 _____

Frequently asked questions

Where is the clinic located?

The St Mary's Family Medicine Centre is located at 3777 rue Jean Brillant, Montreal, Quebec, H3T 1M5 between ch. Cote des Neiges and rue Légaré.

What if I live far from the clinic?

This opportunity may not be as useful for people who live far from the clinic since the idea is to use the clinic for all your health needs – large or small, urgent or not. Please ask the CLSC where you live for options closer to you.

What if I need help to fill out the form?

There are student volunteers, also called “patient navigators” who can help you fill out the form and obtain the information needed to sign-up with the St Mary's Family Medicine Centre.

What if I don't have a St Mary's hospital card?

The student volunteer can also help you to get a hospital card made by bringing your valid RAMQ card and going in person to:

Room G-310 (located on ground floor in front of coffee shop)

St. Mary's Hospital, 3830 Lacombe Avenue, Montreal, Quebec, H3T 1M5

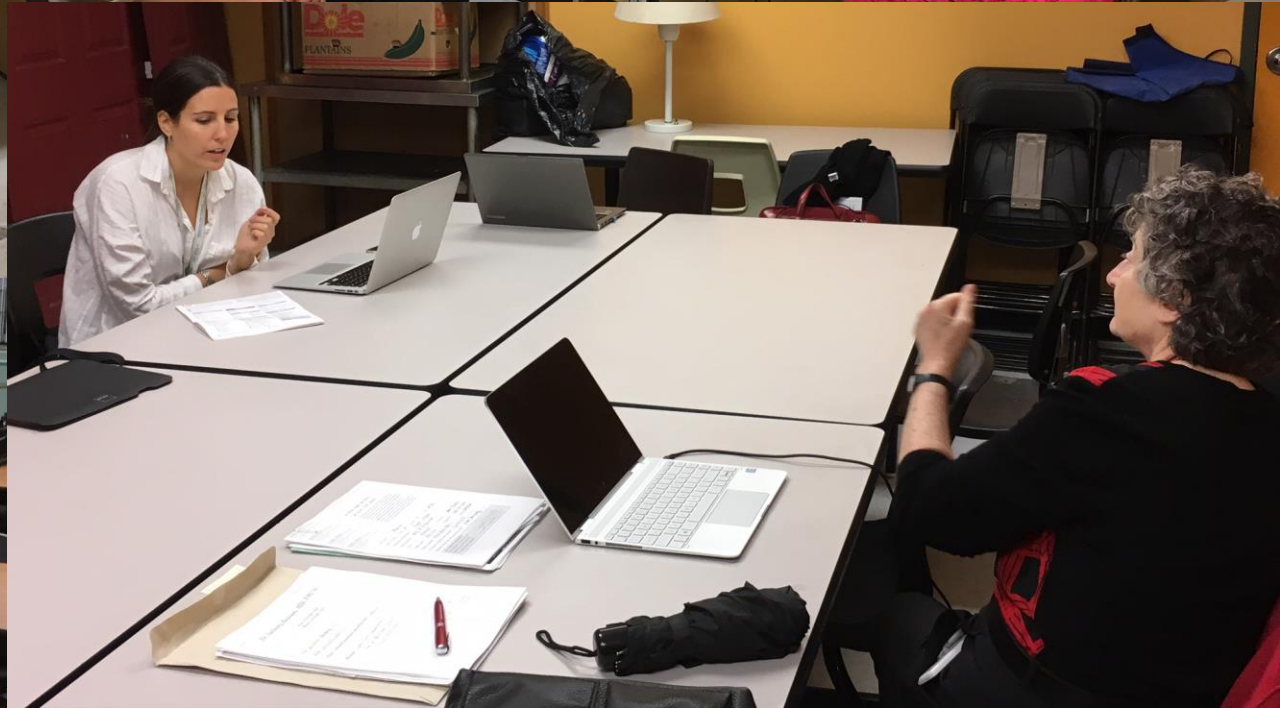
Telephone number: (514) 345-3511 ext. 2674

What if I don't have a RAMQ card or a permanent address?

The social worker at Multicaf can help you to obtain a RAMQ card and fill out the form even if you do not have a permanent address.

What if my question is not listed here?

Please ask the student volunteer who will be pleased to help you find the information you are looking for, or you can also speak with Bernard Besancenot at Multicaf for more information.



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Initial results & lessons

- Almost 50 patients matched
- Health and social challenges
- Relationships of trust
- Maintaining contact

Over 50 patients connected to care last year



- Almost 50 community outreach patients have been matched to R1s and can now access comprehensive care and continuity of care in a patient medical home
- Many have since enrolled their family members (children, spouses)
- Patients come from a wide range of nationalities, ages and genders
- Dealing with a broad range of health & social concerns

Important health and social needs addressed

CASE EXAMPLES

Woman in her 60s homeless following an injury, has lived in over 10 apartments in 10 years, victim of **violence due to precarious situation**.

Man in his 40s suffering due to recent breakup, orphaned, came to Canada as a child, experienced **physical and emotional abuse** by foster family.

Woman in her 40s recently separated from her partner, returned to her home country to visit relatives and was notified by school to return due to **incident of incest** during her absence.

Man in his 40s concerned about erectile dysfunction has **fasting blood glucose over 18**.

- **Undiagnosed diseases**
 - Diabetes, cancer, heart disease, liver disease, etc.
- **Social isolation**
 - Grown children / marital breakup, living alone, etc.
- **Poverty**
 - On welfare / unemployment insurance, etc.
- **Violence**
 - Assault, restraining order, moved to shelter, incest, etc.
- **Vulnerably housed**
 - Rats, bed bugs, drugs in neighborhood, using shelters, etc.
- **Mental health and addictions**
 - Depression, schizophrenia, alcohol addiction, etc.
- **History of trauma**
 - Kidnapping prior to moving to Canada, child abuse, etc.

Clinical insights

- Understanding the motivations of patients in seeking care
- Recognizing the importance of building relationships of trust
- Assuming responsibility for maintaining contact and follow-up
- Necessity of “lowering the barriers” in facilitating attendance at clinic
- Continuum of marginalization and capacity to care for patients in need
- Considering the whole person in the care planning process

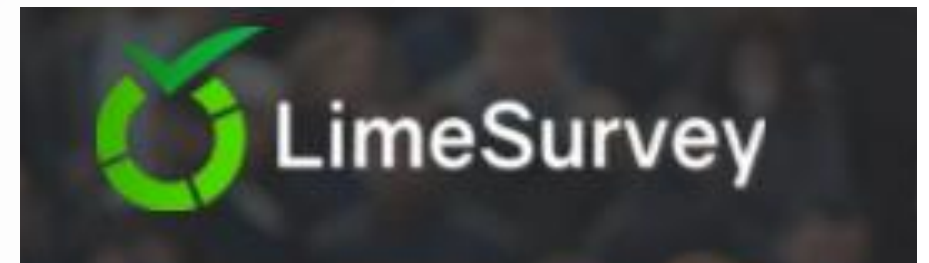
Requires +++ communication & coordination

- Logistically complex undertaking
- Ensuring good communication & coordination among all partners
- Connectivity outside the unit
- Protecting patient confidentiality & focus on patient experience
- Preparing revised briefing materials & streamlining processes for next year
 - Patient navigator guide



Formal evaluation in progress

- MSc research project
- Mixed methods study
- Feedback to improve process for future years
- Impact on student and resident competencies
- Patient experiences and suggestions for improvements



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Clinical and advocacy tools

- New homeless health care guidelines
- Social medicine clinical tools
- Advocacy for structural change
- Further reading

Plan d'action interministériel en itinérance 2015-2020 –
Mobilisés et engagés pour prévenir et réduire
l'itinérance

L'itinérance au Québec

CADRE DE RÉFÉRENCE

En l'absence d'un système de services qui tient compte de la nature multiproblématique, à long terme et répétitive de ses besoins, la personne itinérante a peu de chance de s'en sortir⁵³.



General Recommendations for the Care of Homeless Patients: Summary of Recommended Practice Adaptations

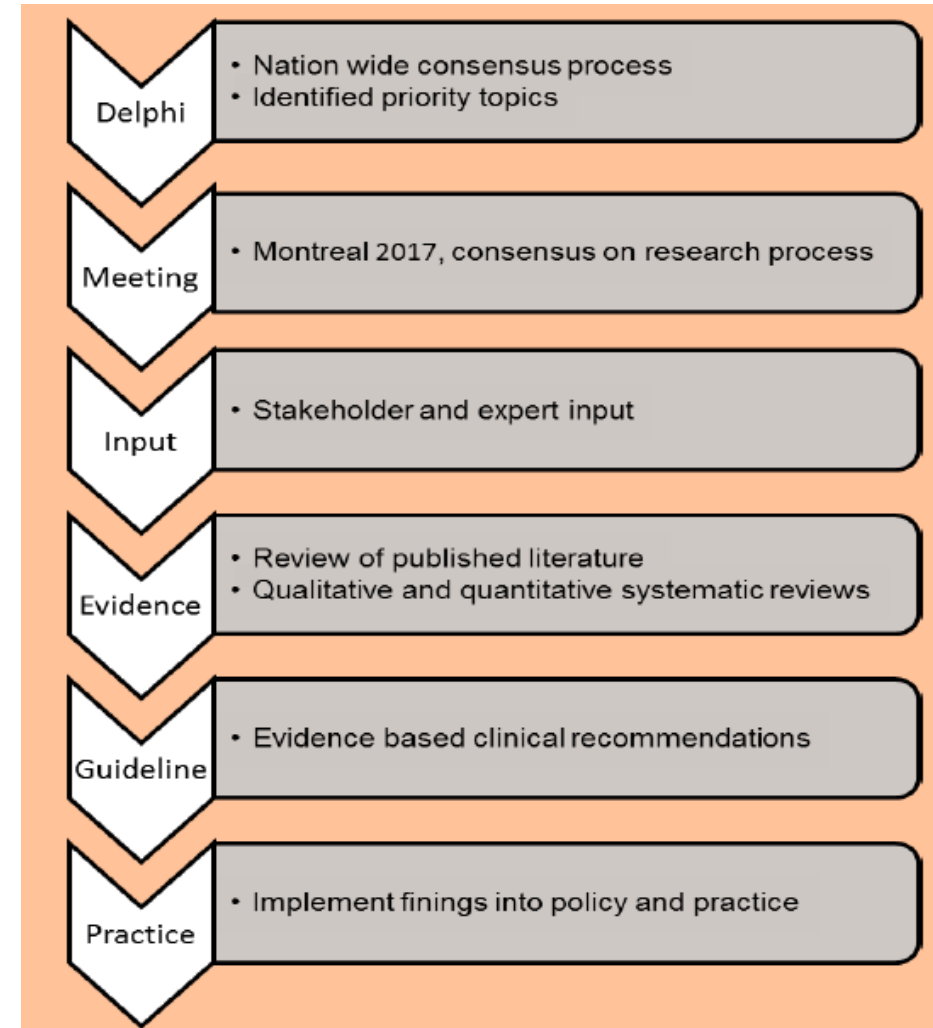
Health Care for the Homeless Clinicians' Network

<http://publications.msss.gouv.qc.ca/msss/document-000813/> Québec 

Homeless health care guidelines

- Main interventions
 - Facilitating access to housing
 - Facilitating access to income
 - Mental health and addiction care
 - Case coordination & management
- Special populations
 - Indigenous peoples
 - Women
 - Youth
 - People with disabilities

<https://www.bruyere.org/en/newsroom?newsid=1501&ly=25>



Clinical tools

ADVOCACY

Using your expertise and influence to advance the health and care of patients, communities and populations

IS YOUR PATIENT PARTICULARLY VULNERABLE? Y N

ARE THERE DETERMINANTS THAT NEED SUPPORT FOR THE HEALTH OF YOUR PATIENT/COMMUNITY TO IMPROVE? Y N

IS THERE A LARGE POWER DIFFERENTIAL BETWEEN YOUR PATIENTS/COMMUNITY AND THE CONTROLLERS OF THEIR DETERMINANTS OF HEALTH? Y N

IS YOUR PATIENT UNLIKELY TO NAVIGATE THE "SYSTEM" EFFECTIVELY? Y N

WILL THE SOLUTION NEED THE HELP OF A THIRD PARTY? Y N

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS...

YOU MAY NEED TO ADVOCATE

ADVOCACY MAY LOOK LIKE

CALLING A CONSULTANT, PARAMEDICAL STAFF OR LABORATORY PERSONNELLY ENGAGING AN INSTITUTION'S ADMINISTRATION CONTACTING OR LOBBYING AN IMPLICATED COMMUNITY GROUP MOBILIZING THE MEDIA PERFORMING RESEARCH DIRECTLY RELATED TO THE ISSUE...

HEALTH NEEDS REFLEXION, CONCERN AND ADVOCACY...

INCOME AND SOCIAL STATUS CULTURE GENDER SOCIAL ENVIRONMENTS HEALTH AND SOCIAL SERVICES HEALTHY CHILD DEVELOPMENT PERSONAL HEALTH PRACTICES AND COPING SKILLS BIOLOGY AND GENETICS PHYSICAL ENVIRONMENTS EMPLOYMENT AND WORKING CONDITIONS EDUCATION SOCIAL SUPPORT NETWORKS...

COMMUNITY ENGAGEMENT HEALTH ADVOCATE PUBLIC POLICY MEDIA SUPPORT RESEARCH

COLLÈGE QUÉBÉCOIS DES MÉDECINS DE FAMILLE

Canadian Association of Physicians for the Environment

Author: Dr. Jean Zigby

La pauvreté

Outil pour les médecins de famille du Québec¹

"Il y a de plus en plus de preuves manifestes qu'une meilleure situation sociale et économique va de pair avec une meilleure santé. En réalité, ces deux éléments semblent être les déterminants les plus importants de la santé."

Agence de la santé publique du Canada.²

DÉCEMBRE 2015

On a longtemps pensé que la santé d'une population découlait principalement de son système de soins de santé; on sait maintenant qu'il n'en est qu'un des nombreux déterminants. Tout comme la haute pression, l'hypercholestérolémie, le tabagisme et le diabète, la pauvreté diminue l'espérance de vie et est un facteur de risque important pour de nombreuses pathologies médicales.^{4 & 5}

Les médecins s'informent régulièrement des antécédents familiaux et médicaux de leurs patients, mais leur statut socio-économique est une information tout aussi pertinente. Il faut dépister la pauvreté au même titre que l'on dépiste les autres facteurs de risque.⁵

Pauvreté et santé

Pas uniquement les habitudes de vie

Ce ne sont pas que les habitudes de vie moins favorables, comme le tabagisme, qui rendent les personnes pauvres plus malades. Les études démontrent que les habitudes de vie n'expliquent qu'une partie de l'écart. On pense que le fait de vivre un stress chronique et d'avoir le sentiment de n'avoir aucun contrôle sur sa vie explique au moins en partie cette augmentation de risque.^{6 & 7}

Effet sur la santé selon un gradient social des plus riches aux plus pauvres

Il a aussi été démontré que la pauvreté affecte la santé par gradient social. En effet, les personnes les plus favorisées au niveau socio-économique (le quintile supérieur, les chefs de grandes entreprises, par exemple) sont en moyenne moins malades que les personnes du quatrième quintile, qui, elles, sont moins malades que celles du troisième et ainsi de suite.¹²

Plus malades dès l'enfance

Les personnes élevées dans la pauvreté sont plus malades que le reste de la population, et ce, dès leur enfance. D'abord, il y a davantage de naissances prématurées et de naissances de faible poids.⁸ Les enfants pauvres souffrent davantage d'asthme, d'infections respiratoires, d'otites, de retards de croissance, de surpoids et de troubles de comportement.⁹ Le manque de nourriture ou les logements insalubres ne sont pas les seuls à contribuer à ces problèmes. Les petits qui subissent la pauvreté ont des niveaux de cortisol plus élevés dans la salive¹⁰, ce qui est lié au stress chronique et influence des fonctions cognitives.¹¹

Difficulté à se sortir de la pauvreté chronique

Le meilleur moyen de prévenir la perpétuation de la pauvreté chronique est d'agir dès la petite enfance. La fréquentation des Centres de la petite enfance (CPE) a été démontrée efficace en ce sens.¹³

THE CLEAR TOOLKIT

Training frontline health workers to ask about and act upon the social causes underlying poor health

The purpose of this toolkit is to empower and educate health workers on how to address the social causes of poor health.

When caring for patients, you will often see the same kinds of health issues appearing again and again within the community. Instead of providing a "quick fix," what more can be done to prevent these health problems in the first place?

Many health problems often have the same underlying causes related to daily living conditions and circumstances at home, including: poverty, hunger, isolation, abuse and discrimination.

Using the four-step process in this toolkit will help you to identify the underlying causes of the conditions you treat regularly. Together you and your colleagues can work to make your community a better and healthier place by starting to ask about and act upon the underlying social causes of poor health.

- 1 TREAT
- 2 ASK
- 3 REFER
- 4 ADVOCATE

STEP 1: TREAT

Of course, your primary role is to treat and care for patients. Nonetheless, while treating patients, there are some questions you can ask them. These will help you and your colleagues get a better idea of why we keep seeing the same conditions, and what we can do to reduce the likelihood of them happening again. Once you have asked the questions you can refer patients to the right places and people in your local community so that they can get the support they need.

You may think that some of the causes of illness are intimidating and difficult to deal with, but you do not have to solve all of these problems on your own. Using this toolkit will help you connect your patients with other resource-persons like yourself for added help and support.

REMEMBER TO:

- Be attentive and listen
- Be respectful and empathetic
- Be compassionate and understanding
- Build trust and security
- Be thoughtful of the wider context
- Be accessible and open
- Be aware of cultural heritage
- Be tolerant of what you may hear

http://cqmfc.gc.ca/wp-content/uploads/2016/04/CQMF-Outil-LaPauvrete_Final.pdf

<https://www.mcgill.ca/clear/download>

Structural change

UNDER-SERVED

HEALTH DETERMINANTS OF INDIGENOUS,
INNER-CITY, AND MIGRANT POPULATIONS
IN CANADA

Edited by **Akshaya Neil Arya** and **Thomas Piggott**

[https://www.canadianscholars.ca/
books/under-served](https://www.canadianscholars.ca/books/under-served)

CHAPTER 26

Reforming Health Systems to Promote
Equity and Improve the Health of Under-
Served Populations

Anne Andermann

LEARNING OBJECTIVES

After reading this chapter, you should be able to:

1. Understand the role of structural factors and systems in creating marginalization.
2. Appreciate the complexity involved and jurisdictional ambiguities in addressing challenges relating to disadvantaged and under-served populations.
3. Identify pathways for creating structural changes to promote more inclusive, equitable, and healthier societies.

Further reading

CMAJ

Research

Web exclusive
Health workers who ask about social determinants of health are more likely to report helping patients

Mixed-methods study

Anila Naz MD MPH Ellen Rosenberg MD
On behalf of the CLEAR Collaboration

Neil Andersson MD PhD

Ronald Labonté MA PhD

Anne Andermann MD DPhil

Taking action on the social determinants of health in clinical practice: a framework for health professionals

Anne Andermann MD DPhil; for the CLEAR Collaboration

Public Health Reviews

REVIEW

Open Access

Screening for social determinants of health in clinical care: moving from the margins to the mainstream



<https://www.mcgill.ca/clear/products>

Anne Andermann^{1,2}



Questions?

For more information please contact:

anne.andermann@mcgill.ca

<https://www.mcgill.ca/familymed/education/postgrad/copc>

<http://www.mcgill.ca/clear>