National Collaborating Centre for Determinants of Health

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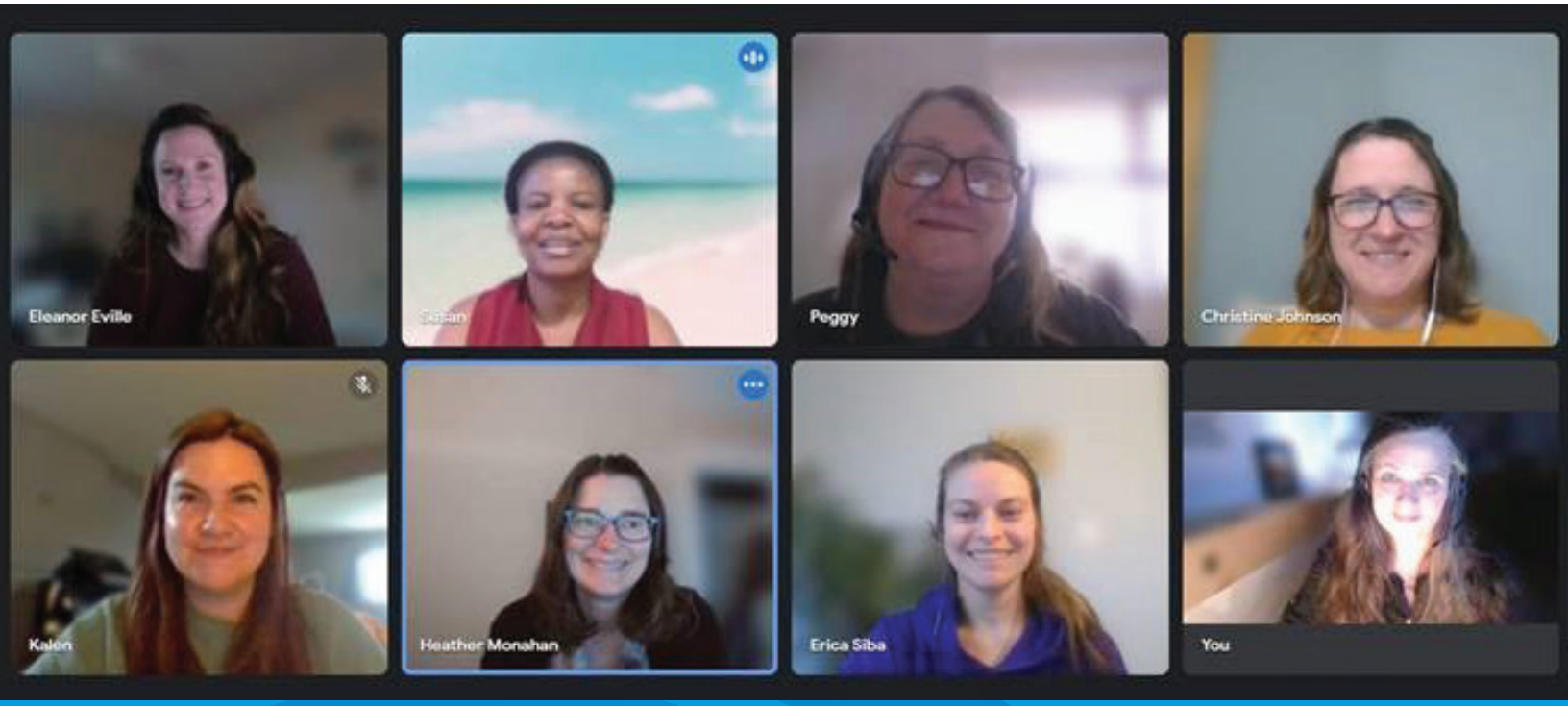

The Housing Isolation Program builds holistic supports for underhoused populations through unlikely community partnerships

The scale of the COVID-19 pandemic presented a challenge for the small province of Nova Scotia. The existing services for precariously and underhoused folks could not support safe and effective isolation. The newly formed Housing Isolation Program support team provided comprehensive isolation supports through person-centered, equity-oriented, and harm reduction lenses. With the help of their partners, this team was able to meet community members where they were at, providing safe spaces for people to focus on healing from COVID-19 infection.

Health services designed specifically for underhoused and precariously housed populations were not abundant in Nova Scotia prior to COVID-19. For public health practitioners in Nova Scotia (NS), our work around affordable housing, homelessness, and poverty focused primarily on the policy level, where we worked in partnership with community and government organizations to address housing needs for populations. The public health team within Nova Scotia Health Authority was not prepared to provide direct front line services to individuals who were housing insecure on the scale needed in the context of an emerging pandemic.

That said, within our health protection work, there was precedence to support isolation for individuals who were managing a communicable disease that requires isolation. This, however, was not a consistent or widespread practice across our system. The magnitude and anticipated disproportionate burden of the mandated public health measures for COVID-19, including isolation, was quickly identified by partners and our system as a significant challenge. It was felt that we had a responsibility to step in and provide supports to help people comply with public health measures. However, with the scale of COVID-19, our

This Equity in Action story is distilled from an interview with David Surette, Public Health Nurse, COVID-19 Response Team; Nancy Green, Health Promoter, Healthy Communities Team; and Christine Johnson, Health Equity Lead, Science and System Performance within the Nova Scotia Health Authority. The interview took place in September 2022, and its details should be considered within the context of that time period.

existing supports and partnership connections were quickly outpaced by the needs. We were left unprepared and trying to shift in the moment, under pressure, to fill this gap.

The Housing Isolation Program support team provides comprehensive isolation support

Initially, each zone within our program started responding and putting supports in place to meet the needs of people in precarious living situations who needed support to isolate. This expanded over time until we formed the provincial Housing Isolation Program (HIP) team that subsequently received funding from the Public Health Agency of Canada. The HIP team included a HIP nursing team and a HIP support team. The three of us became a part of the HIP team from our various positions within Nova Scotia Health.

The formation of the HIP support team enabled a focused response. Our initial priority was providing isolation accommodation for people in precarious living situations such as emergency shelters, congregate housing, and transition housing. We used existing accommodations across the province, such as motels and hotels. As additional needs surfaced, our focus rapidly expanded to support people living in overcrowded housing, folks who were re-entering community from corrections facilities, and folks who arrived in Nova Scotia at the border or airport. We also expanded to support people at risk of developing severe complications from COVID-19 and people who could isolate at home but had challenges doing so. People who tested positive for or were exposed to COVID-19 in these situations had limited options for places to isolate.

The HIP support team organized a holistic and comprehensive system of support for people who needed to isolate, either directly or through referral to resources. Accommodation was provided, along with any required transportation to the isolation site. We organized deliveries for food and pharmacy related supports so that people could maintain prescriptions, including harm reduction prescriptions, while isolating. We also established a provincial phone line where shelters, transition houses, police services, and border services, among others, could reach us to refer folks who needed support.

In addition to providing front-line service, we continued meeting with partners to determine the best way to support isolation needs and participate in policy discussions. The HIP support team often brought a critical perspective to government tables by sharing information about what was happening on the ground. For example, we helped answer the question "What does it mean to operate a shelter during a pandemic — what do the shelter guests and service providers need?"

Prioritizing a harm reduction approach

Soon after the HIP support team started providing services, it became clear that we needed to prioritize a harm reduction approach. There was obviously concern for how to safely support isolation for folks who were using substances or in active addiction, and that was out of our wheelhouse. Our team recognized that we did not possess the expertise or skills to properly conduct harm assessments or understand what was needed.

As part of the HIP nursing teams' work, comprehensive assessments involved conducting a physical and mental health history, essentially a complete head-to-toe assessment, to determine what folks needed to isolate effectively. If it was determined that a client required harm reduction supports, the HIP support team partnered with Mobile Outreach Street Health (MOSH) and a team of addictions medicine specialists to work alongside us and perform harm reduction assessments of substances that were needed. The HIP support team coordinated substance procurement and delivery in partnership with MOSH, pharmacies, and community-based harm reduction organizations.

The HIP nursing team oversaw the follow-up throughout the isolation period and worked with HIP support team to coordinate services ensuring folks had everything they needed to safely isolate. External harm reduction partners supported us immensely, not only assisting our team with the harm reduction assessments but also with acquiring goods and services to support community members.

Building reciprocal community partnerships to expand our reach and understanding

The comprehensive supports that the HIP support team was able to provide would not have been possible without extensive partner networks. Each team member brought with them a diverse set of partnerships they had built over time, and we leveraged those existing partnerships. The purpose statement for the public health team within Nova Scotia Health reflects that we build partnerships and act together with community to address the needs identified, and in this case the community organizations really responded to that call to become partners.

To get isolation sites running, there were processes and systems that needed to be developed, and we couldn't have done this alone. Luckily, we had a Medical Officer of Health assigned to this area of work whose oversight was instrumental in connecting us to partners and sectors that had expertise in different areas.

There were all kinds of nitty-gritty questions that needed to be answered, and we relied on our partners to answer them. For example, two of the main questions were "How do we create a safe isolation environment within hotels?" and "How do we support transportation services to provide this necessary service in COVID safe ways?". To answer these, we connected with Nova Scotia Environment. Public health inspectors from that sector helped us develop infection prevention and control guidelines that were then provided to the hotels and taxi services. These guidance documents covered cleaning, air circulation, masking, and all the other environmental aspects that we might not have thought about. We also worked closely with Nova Scotia Environment to develop guidelines for emergency shelter organizations to operate within COVID-19 safe ways. This work was greatly enhanced by ongoing discussions with the emergency homelessness shelter sector, the Transition House Association of NS, as well as government departments and agencies such as the Department of Municipal Affairs and Housing, Department of Community services, and the NS Status of Women. In particular, the relationship that we had with transition houses for women fleeing domestic violence assisted us in bringing a trauma-informed lens to some of these guidance documents.

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Development of guidance documents was critical, not only for our internal operations related to accommodation but also for organizations like Meals on Wheels. This organization reached out to the HIP team because they were unsure of how to continue operating safely within the community. We were able to use our connections to provide some protocols for them so that they felt safe. In this sense, partners were supporting us to provide our isolation service, and we were in turn able to support community organizations.

Another important question was "How do we get people to our isolation accommodations?" This was especially important in rural areas where taxi services were limited. Through an unlikely partnership with the Sheriff's department, we received unmarked police cars to use as taxis and get people from point A to B during a point in the pandemic when many taxis and community-based transportation services were not operating in rural areas.

Public health, working through the HIP, was only a small player in the major pandemic response in the sense that we would have been very limited if we were working alone. The HIP support team was listening and doing everything we could to address the concerns that our partners brought forward. It wasn't just a one-way street. They were providing valuable information to us, and then we were activating our resources to make sure that their programs could continue.

Learning and evolving to bring new perspectives to public health work

This work provided an important learning opportunity. Many people involved were surprised that we were able to support folks to the level that we did. There was an outpouring of relief from the community. We heard from community that people expressed a feeling that there wasn't shame around using drugs, having a mental illness, or not having enough food. It was empowering to be able to support people where they were at and not try to change them or move them in any way. It allowed people to focus on healing from their COVID-19 infection without having to stress about their external environment.

Public health increased its visibility through this project. Historically, we might have been seen as being part of the unapproachable larger system. This work allowed public health to engage with the community and partners while maintaining the connection back to the larger system and to government. It has certainly brought a lot of perspective to our work. We are excited for opportunities to use these perspectives to inform our next steps in supporting communities and advocating for healthy public policy to address the exacerbated inequities that we've seen.

The biggest impact will come from honoring what we've heard and learned through the past 2 years and being committed to making sure we don't forget those stories and lessons as we move back into our public policy work.

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LESSONS LEARNED:

1. Public health provides a bridge between community and government by bringing an understanding of community needs to the decision-making table.
2. Public health cannot achieve solutions to complex system challenges by working in a silo; comprehensive and equity-driven work must be done in partnership.
3. Partnerships come from unexpected places — remain open and adaptable to those opportunities.

BACKGROUND

Mobile Outreach Street Health provides accessible primary health care services for people who are experiencing homelessness, insecurely housed, street-involved or underserved in the community. The team meets clients where they are by providing primary care in community locations and on the streets of Halifax and Dartmouth.

The Nova Scotia Advisory Council on the Status of Women brings issues affecting the lives of women and girls in Nova Scotia to the attention of the Minister. The Status of Women office provides research, policy advice and information services in pursuit of equality, fairness and dignity for all women in Nova Scotia.

The Transition House Association of Nova Scotia member organizations provide transitional services to women (and their children) who are experiencing violence and abuse, including culturally relevant services to Mi'kmaw people.

The Meals on Wheels Program provides nutritious meals to people in their homes who are unable to prepare adequate meals for themselves.

RESOURCES

Housing and Isolation Team provided safe, non-judgmental support to those who needed it to isolate during COVID

Evaluation of an emergency safe supply drugs and managed alcohol program in COVID-19 isolation hotel shelters for people experiencing homelessness

KEYWORDS

COVID-19, Intersectoral action, Intersectionality, Harm reduction

To learn more about the initiative described in this story, contact the National Collaborating Centre for Determinants of Health, at nccdh@stfx.ca.

Do you have an idea for an Equity in Action story? If you have heard of other health equity-promoting initiatives in Canada that we should share, please let us know.