

# Women In Need (WINK)

## Accessing Care in a 'Universally Accessible' Health Care System

Gayathri Shyamal, MD, Newcomer Team  
Matt Bahen, Outreach Worker, Health Bus  
Bernadette Lettner, RN, Infirmary Program

# Overview

- Background – Sherbourne Health Centre
- Developing a Program - WINK
- Breaking Down the Barriers
- Recognizing Strength
- Developing a Model of Care
- Mobile Outreach
- The women of WINK

# Sherbourne Health Centre

- Established community-based health centre in downtown Toronto, Ontario, Canada
- Offers quality primary healthcare, programs, and services that support physical and emotional wellbeing, including counselling, health promotion, mobile health services, complementary and alternative care, support groups, drop-ins, training and mentoring
- Primary populations of focus are:
  - Newcomer
  - Urban Health
  - LGBT (lesbian, gay, bisexual and trans) communities

# Developing a Program - WINK

## Health Bus Outreach to Sex Workers:

- Early Wednesday outreach
- On the street from 5:00 am – 9:00 am
- Survey and planning process
- Identified need for primary care
- Partnership development
- Sub-Committee created
- Began as a pilot project, facilitated by front line staff

# How WINK Operates

- Every Wednesday from 08:30-11:30
- Drop-in format: women come and go as they need
- Offer healthy, buffet style food
- Harm reduction, hygiene supplies
- Medical care & Health teaching
- Counselling
- Staff:
  - collect demographic information
  - welcome and engaging clients
  - de-escalate when needed
  - refer to appropriate services
  - supervise clinic

# How WINK operates continued

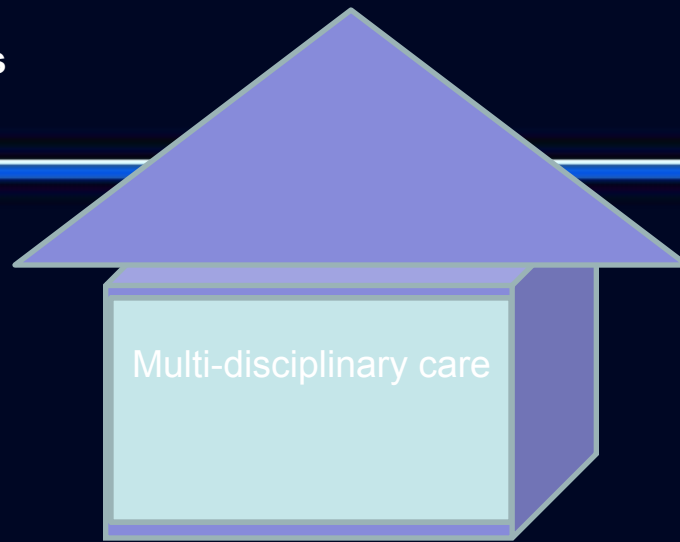
- Environmental layout encourages socialization
- Welcoming environment; music, Clients addressed by name
- Organic storytelling encouraged with each other and with staff
- Activities include:
  - Art therapy
  - Crafts and game
  - Activities; ie spring planting, book drive
  - Mindfulness meditation and group walks
  - Trips to other community events (ie art exhibit)



*THIS IS YOUR*  
**LET'S ALL LOOK INSIDE...**

The 4 walls and 2 sided roof are your foundation....

These are your walls



Multi-disciplinary care

Barriers

Tete a tete



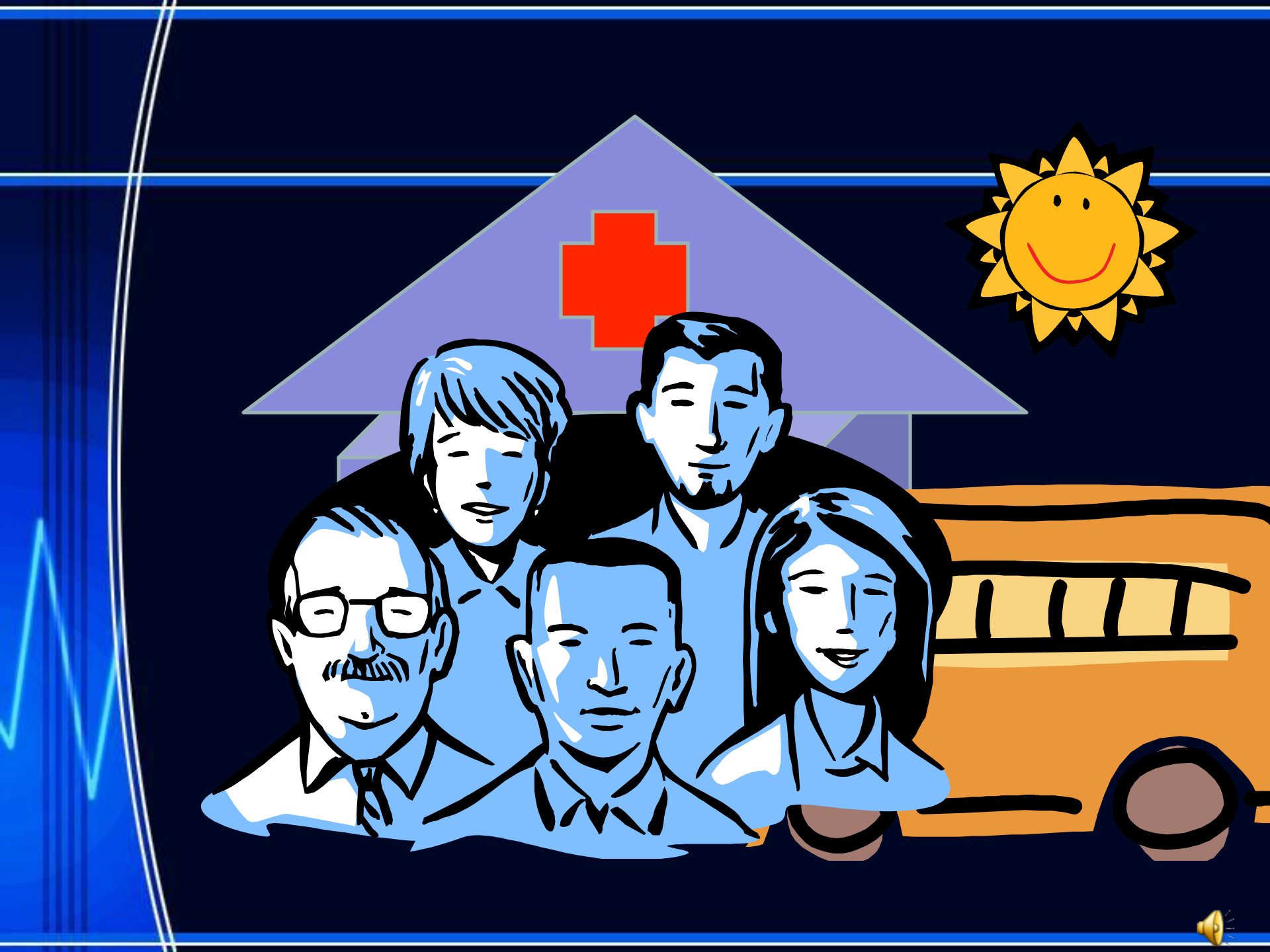
*This is your  
roof*





**Reconstruction!**





# Breaking down the Barriers

- Barriers to accessing care
  - Environmental
  - Stigma
  - Trauma
  - Shame and shame-culture
  - Lack of OHIP, status, medical coverage
  - Difficulty accessing safe spaces
  - Difficulty with set or inflexible appointment times
  - Communication - follow up, phone access
  - Addiction
  - Hours of work
  - Culture
  - Access to food
  - Social isolation
  - Transportation
  - Distrust of medical providers or organizations
  - Past experiences

# Recognizing Strength - Clients

- Sense of community
- Resources created by populations:
  - Bad Date Book
  - Safer Strolls
  - Narcan Peer training
  - Sketch - Art-based
  - Knowledge of services
- Group accountability and self regulation - ie pain management, substance use
- Shared learning
- Normalization - ie STI testing, mental health, trans-inclusive women's spaces
- Chronic disease management, and primary care teaching, in groups (request PAPs, HIV rapid testing, Hep C after group learning)

# • Recognizing Strength - Providers

- Experience working with marginalized communities
- Existing community of service providers
- Ability to navigate systems
- Consistency
- Working outside of a traditional medical model in a community of collaborative care

# Developing a Model of Care

## Partnerships

- Maggies - Toronto Sex Worker Action Project
- Safer Strolls - Peer Support
- HOP - Hostel Outreach, Case Management
- Streets 2 Homes – outreach and housing
- Long term counselling
- Diabetic RN and Dietitian
- Chiropody, chiropractic, naturopathic
- Hep C programming
- Street Health
- 410 Women's Drop In
- Adelaide Women's Resource Centre

# Consolidated Service

- Services that are immediately available to all women who enter the drop in
  - Food
  - Health care teaching
  - Harm reduction supplies
  - Toiletries
  - Other sundries (vitamins, socks, clothing donations)
  - Facilitated Art
  - Group counselling
  - Planned activities
  - In-house referrals (Infirmery, chiropody, chiropractic, naturopathic, long-term counselling, Hep C group, Diabetes management)
- If unconnected, access to ongoing primary health care services through nurse and physician

# Multidisciplinary Care

- Group RN – Rotation between Health Bus and Infirmary
  - Supervise/coordinate clinic
  - Health teaching and programming
  - Intake and Triage
- Outreach worker
  - Smooth running of group
  - Off site referrals
  - De-escalation
- Primary care MD/NP
- Primary Care RN
- Mental Health Counsellor
  - Also runs art facilitation and Mindfulness Meditation
- Peer Volunteers: Street Health and Regent Park CHC



## Multidisciplinary - behind the scenes

- Long term counselling
- Each team shares refreshment expenses
  - buying & preparing food
- Ongoing feedback from clients
- Placement Students – training and orientation
- Client volunteers – training and orientation
- Development Coordinator - solicits donation
  
- WINK Team
  - Weekly debrief and monthly meeting
  - Monitor progress
  - Discuss cases
  - Build in time for program assessment and development

## Coordinated Care

- Conversations with other health care providers to reduce overlap of services
- Work with outreach to identify clients and accompany to WINK
- Refer to Case Management through HOP
  - follow up in community
- Work with other programs within SHC to break down siloed care

# The Importance of Mobile Outreach

- Relationship development
- A face in the community
- Meet people where they are at
- Commitment to care - anytime anywhere
  - Times and locations of HB stops
- Facilitation of access

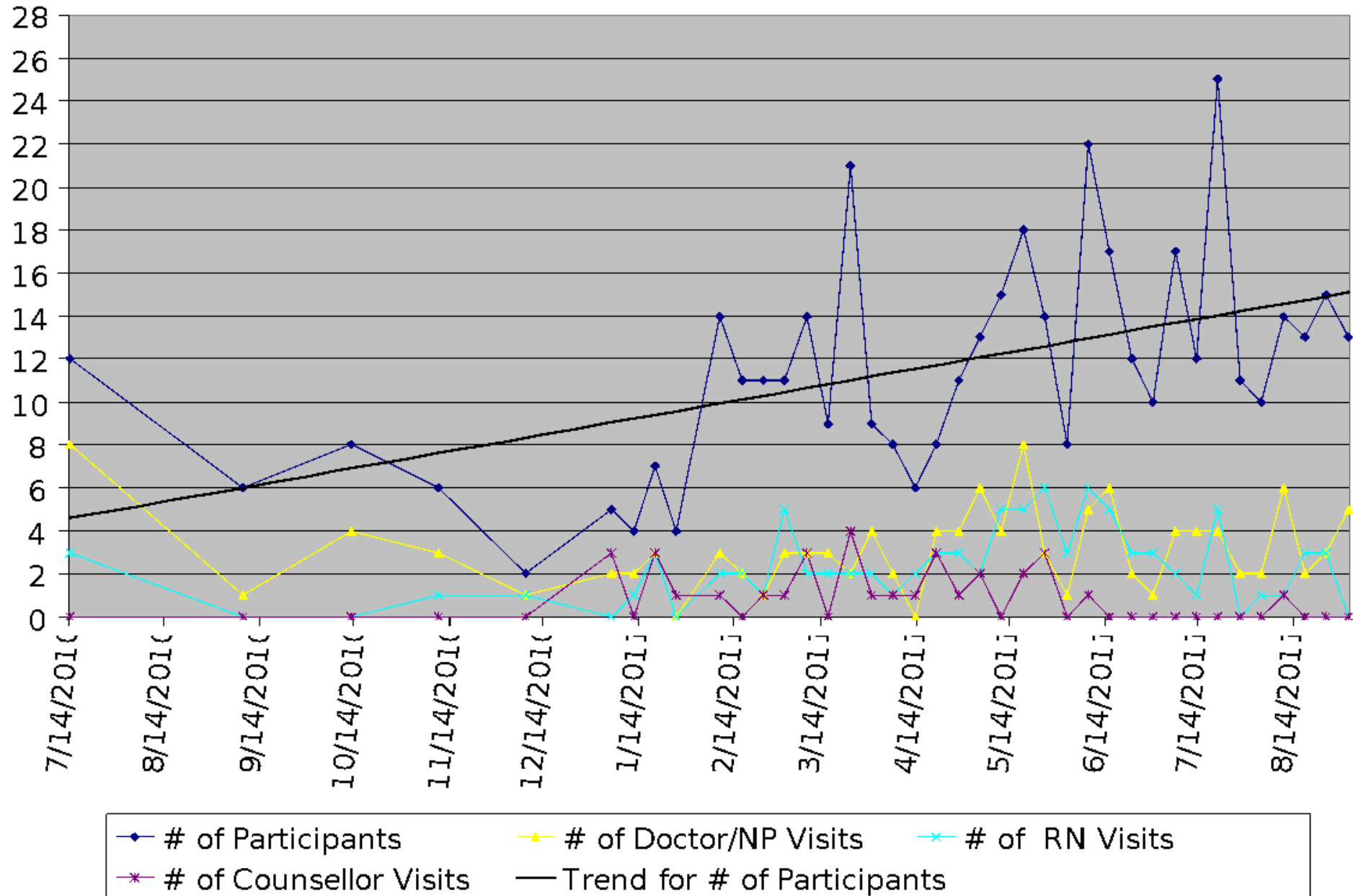
# Profile of the Women at WINK

- Street involved
- Women in sex work
- Women who stay in shelter or rooming houses – women living with poverty
- Presenting mental health
- Trans women
- Substance use
- Many with Chronic illness
- Isolated, little social support or engagement
- Age range: late 20s to 60+
- Most have no ongoing primary health care providers

# Program Stats

- Visits in since 2010
- Average # of women at each clinic 20-35
- Total # primary care visits for 2011:
  - DR/NP #155
  - RN #134
  - Counselling # 39
- Because of WINK, more women access other SHC programs

# WINK STATs - Visi



# WINK's Success

- Establishing program based on needs of our intended population: survey 2010
- Timing: following the HB outreach, referral from the HB; sex worker stop and Fred Victor women's shelter
- Accessible services: quick access to health care  
a case: a – z in 45 minutes
- Format: casual, provides opportunity to meet medical staff, peers, and support staff in a friendly and supportive environment

# Success continues...

- Dynamic: drop-in uses both health promotion and medical approaches to improving the health of the clients
- Many of the women in need now have access to primary care and support services
- Women establishing social network with each other
- Opportunities for clients to volunteer, be mentored
- Provides teaching ground for student placement
- Women share stories and express self
- Model of care: Interdisciplinary Team
- Drop-In is well coordinated



# Success cont'd

- Formation of network with other Women Drop-Ins; work in partnerships
- Other women's clinics are looking to WINK as an example of a successful and innovative health care service delivery model
- Request from CRCT, SMH to partner and work on site
- Some success getting donation - food and clothing