BEYOND BLUE DOOR.

Bridging Knowledge and Service Gaps for People Living with HIV with Precarious Health Insurance

September 2023

PARTNERS:

LAND ACKNOWLEDGEMENT

We acknowledge the land upon which this work was conducted as the traditional territory of the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. As racialized researchers we stand in solidarity with Indigenous communities locally and globally, and are committed to challenging settler colonialism through continued critical reflection and action.

ACKNOWLEDGEMENTS

Research participants

The knowledge generated in this study is made possible by the research participants living with HIV with experiences of precarious health coverage and immigration status who shared their life stories.

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ABOUT **BEYOND BLUE DOOR**

RESEARCH GOALS

01

To generate knowledge on the determinants of HIV related health disparities experienced by PLHIV with precarious or no health insurance coverage

02

To identify evidence-based strategies to advance policy and service access for precariously/ non-insured PLHIV who experience marginalization

03

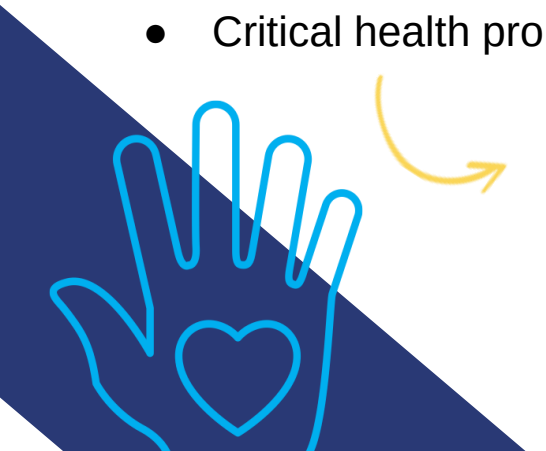
To evaluate the effectiveness and sustainability of the Blue Door Clinic initiative in supporting the linkage to stable, long-term primary care

RESEARCH DESIGN **AND METHODS**

GUIDING PRINCIPLES

Beyond Blue Door was guided by principles and frameworks of:

- Social justice and equity
- Community accountability
- Collective empowerment
- Greater and Meaningful Involvement of People Living with HIV (GIPA/MIPA); and,
- Critical health promotion



recognizing how individual and collective health are intertwined and that health disparities are the outcomes of social determinants

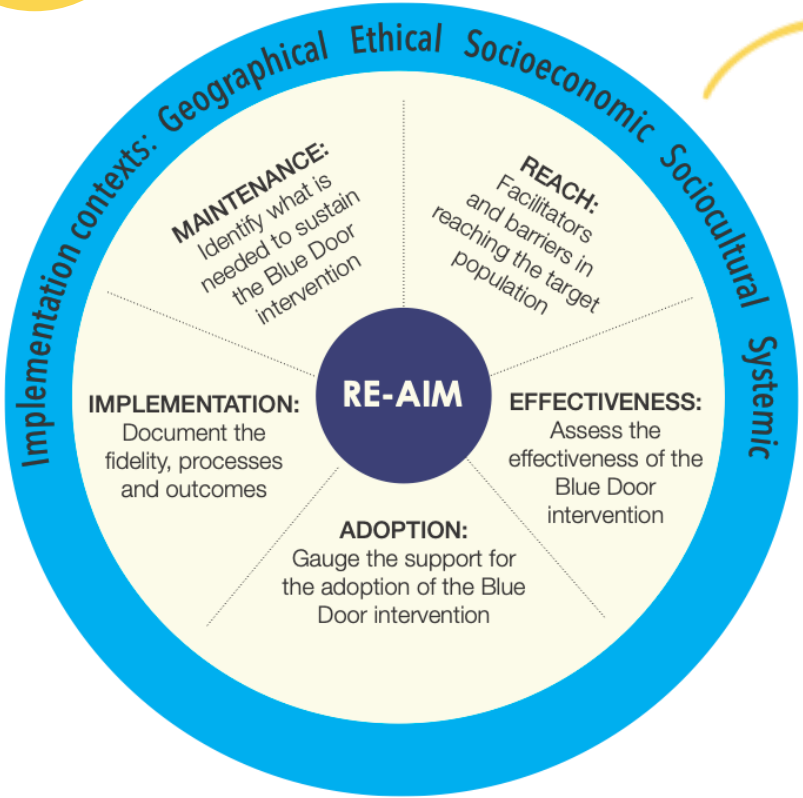
RESEARCH DESIGN AND METHODS

A mixed methods approach using focus groups, individual interviews, questionnaires and Blue Door Clinic service statistics was used to collect data over **two (2) phases**:

Phase one generated qualitative data through focus groups and individual interviews with UPI PLHIV and service providers. Discussion centred on understanding the social determinants and health disparities affecting UPI PLHIV.

Phase two evaluated the effectiveness of the Blue Door Clinic through quantitative service statistics of clients at the clinic; qualitative focus groups with UPI PLHIV who had accessed the clinic; and, internal and external service providers.

RESEARCH DESIGN AND METHODS



The **RE-AIM framework** was used in phase 02 to review additional qualitative and process data related to sustained partnership engagement and adaptive measures in response to community needs, before and during COVID-19

FINDINGS

FINDINGS

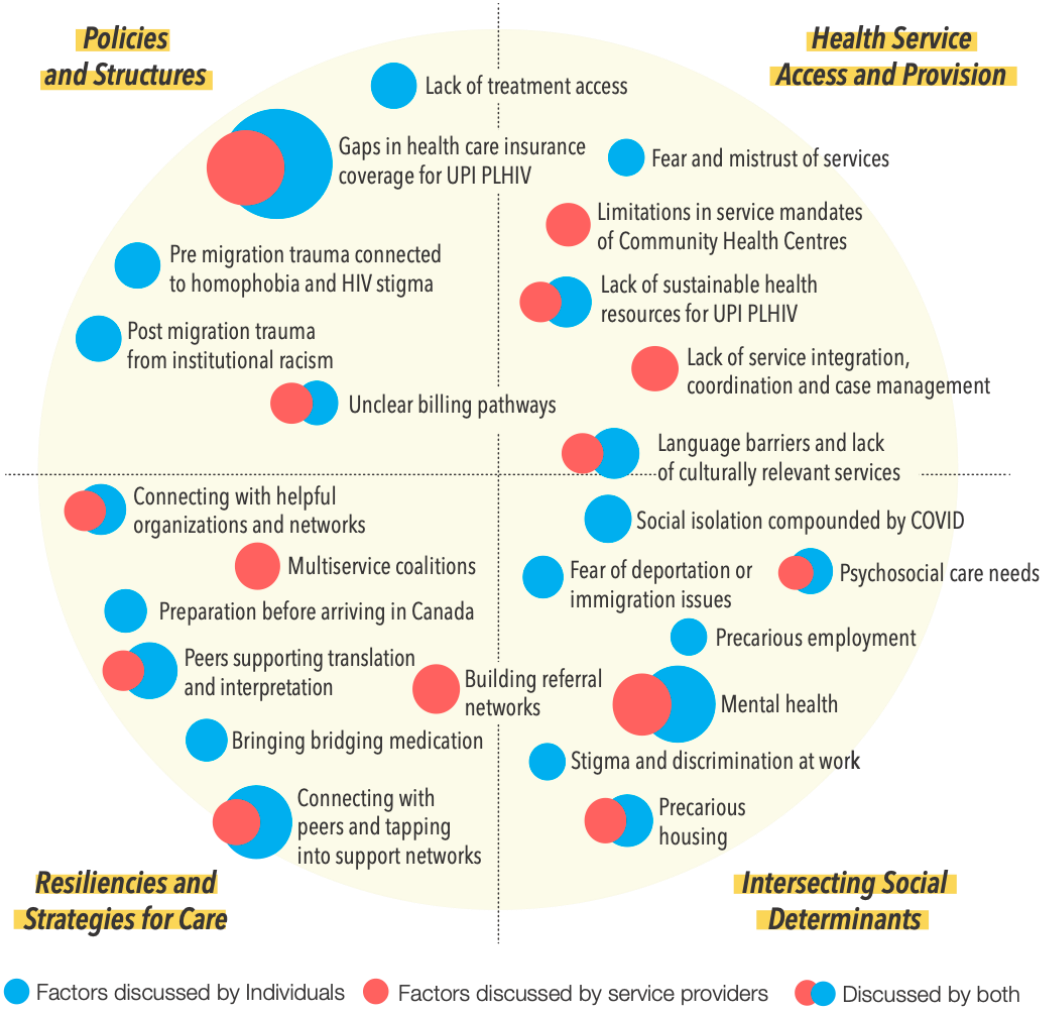
Phase 01 *findings focused on the realities of health care Access for uninsured and precariously insured People Living with HIV*

Who we Engaged in Phase 01:

30 ***PLHIV with lived experiences*** *of precarious health coverage status*

+

21 ***Service providers*** *from diverse disciplines serving precariously insured PLHIV*



FINDINGS:

4 broad areas intersect to impact access to care & service provision by providers:

- Systemic Discrimination & Inequitable health policies
- Uncoordinated & confusing service pathways & lack of cultural/language competency
- Barriers in accessing social determinants – e.g. mental health, employment, housing
- Individual & collective resilient strategies- service resource, peer networks

“...mentally you see, like because already we have this condition the last thing you want is stress not knowing where your next meds will come from. You are trying to apply and push through the immigration process that can be very stressful. I can't even explain it but I spent a lot of sleepless nights you know.”

- PLHIV Focus Group Participant

“... I would say the first one is access to healthcare, I find a lot of people, especially people with no status don’t have OHIP or they don’t have insurance coverage or employment benefits or even things like Trillium or ODSP or OW, so often their paying for their treatment or paying for their healthcare out of pocket or going to walk-in clinics paying out of pocket…”

- Service Provider Participant

“I have connected with a lot of women who have become like sisters, friends, so you know I’m so connected to the community. I’m talking about a community of PHAs, and so much that if there is something, if I’m having anything, any problems or challenges that I’m not able to figure out on my own, I can get help. I can easily call… you know and say I’m stuck here, how can I navigate this? They are able to assist. So, that has really helped me a lot -especially um that I left my extended family back home and I did not have anybody here. So, it’s like I have another family now”

- PLHIV Focus Group Participant

Key Lessons:

- PHAs are not vulnerable individuals, they are resourceful and resilient => strength based approach
- PHAs' vulnerability comes from systemic injustice and structural violence they experience => be trauma-informed
- Our systems and policies are often inflexible and prohibiting => change systems and policies
- Social determinants & precarious status directly impact on people's access and retention in care =>address SDOH as critical part of care
- A key challenge in health care access is the confusing pathways and the siloing of services => coordinate our service delivery

PHASE 02 **FINDINGS**

Service evaluation of the Blue Door Clinic

Who we Engaged in Phase 02:

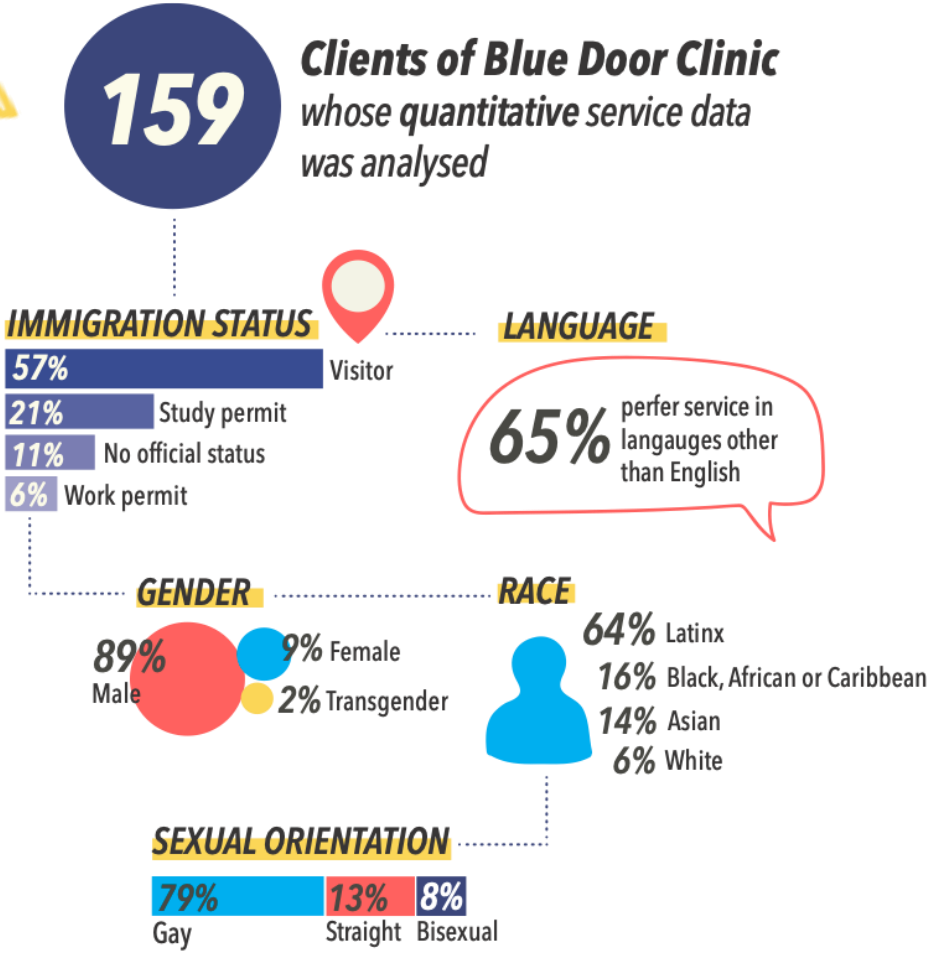
Clients of Blue Door Clinic
whose quantitative service data was analysed

Focus Group Participants

***PLHIV** who accessed the clinic within the study period*

***Service providers** from the clinic and service partners*

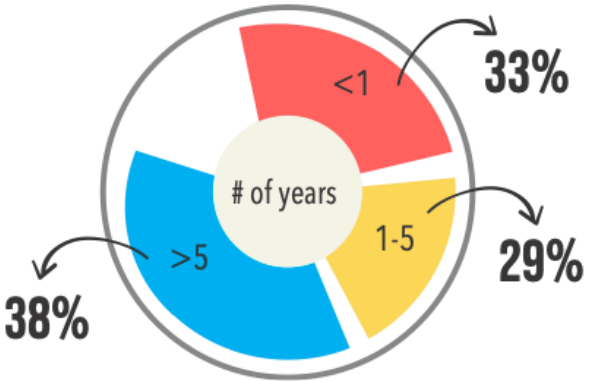
Who we Engaged in Phase 02:



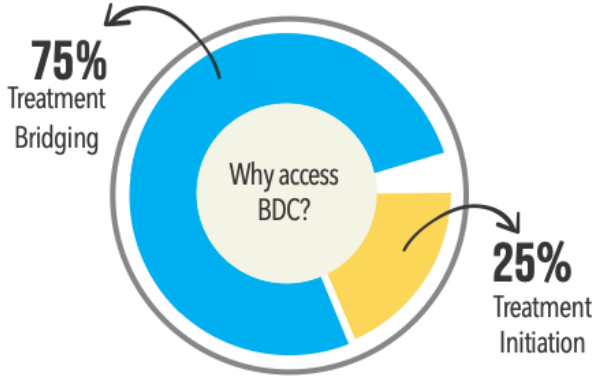
CLIENT SERVICE DATA

Service statistics of 159 clients at the clinic related to linkage to and retention in primary care, and referral to access social determinants were analyzed.

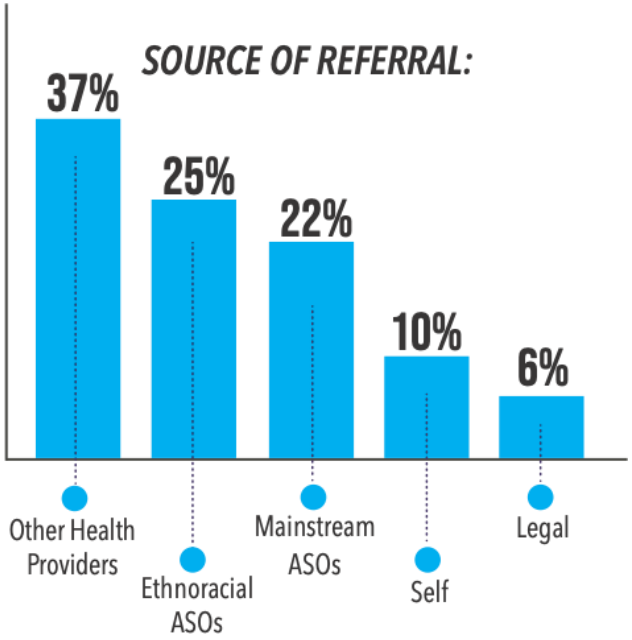
LENGTH OF TIME SINCE HIV DAIGNOSIS:

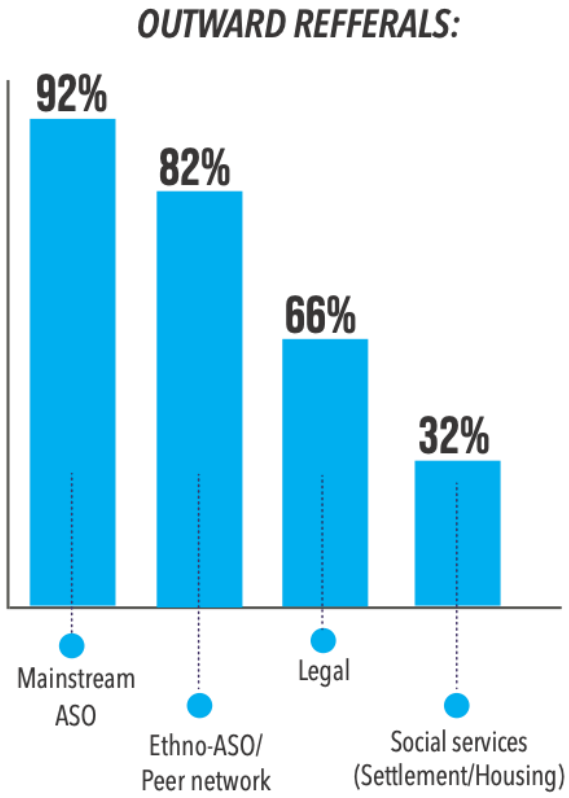


PURPOSE OF ACCESSING BLUE DOOR CLINIC:



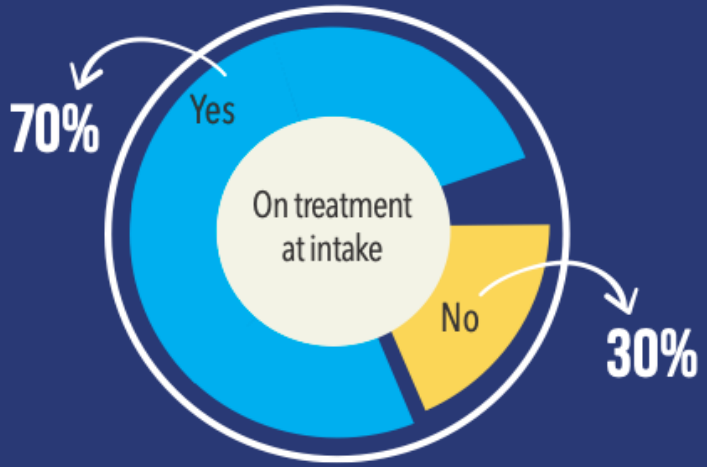
CLIENT SERVICE DATA



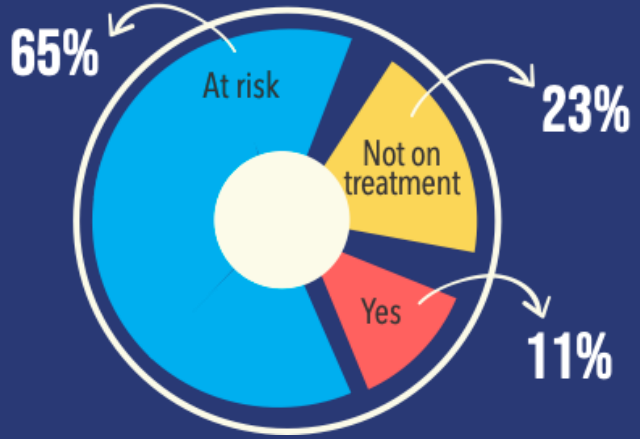


CLIENT SERVICE DATA

HIV TREATMENT AT INTAKE:

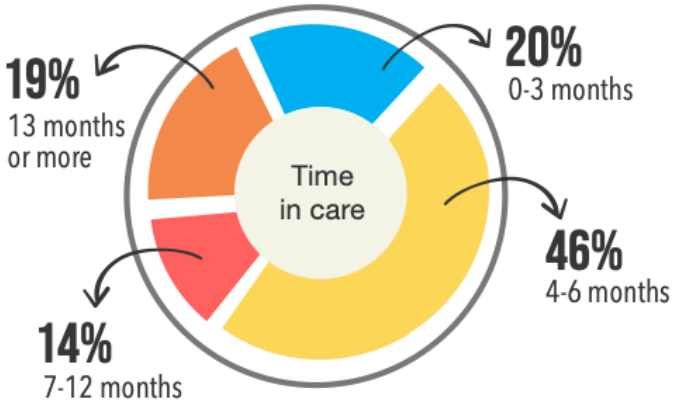


HIV TREATMENT INTERRUPTIONS AT INTAKE:

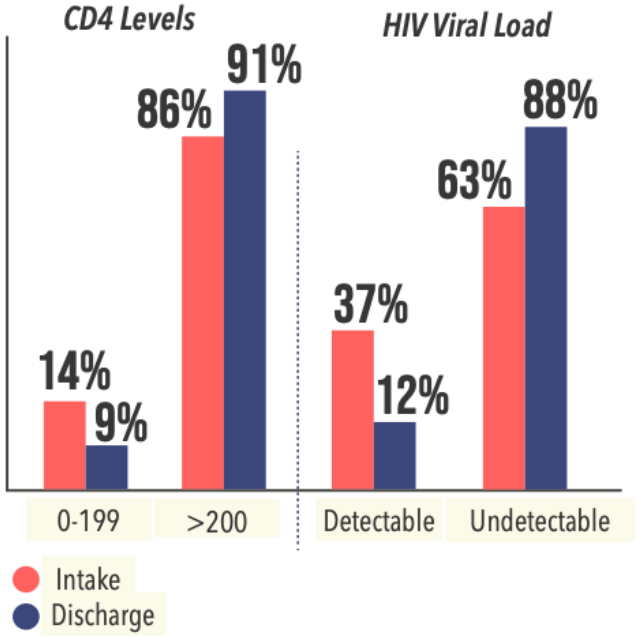


CLIENT SERVICE DATA

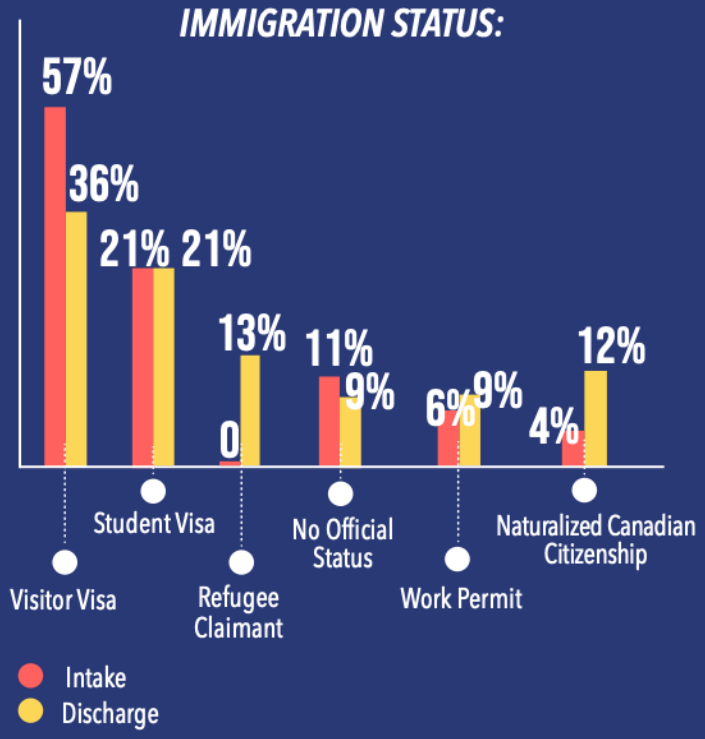
LENGTH OF TIME IN CARE AT BLUE DOOR CLINIC:

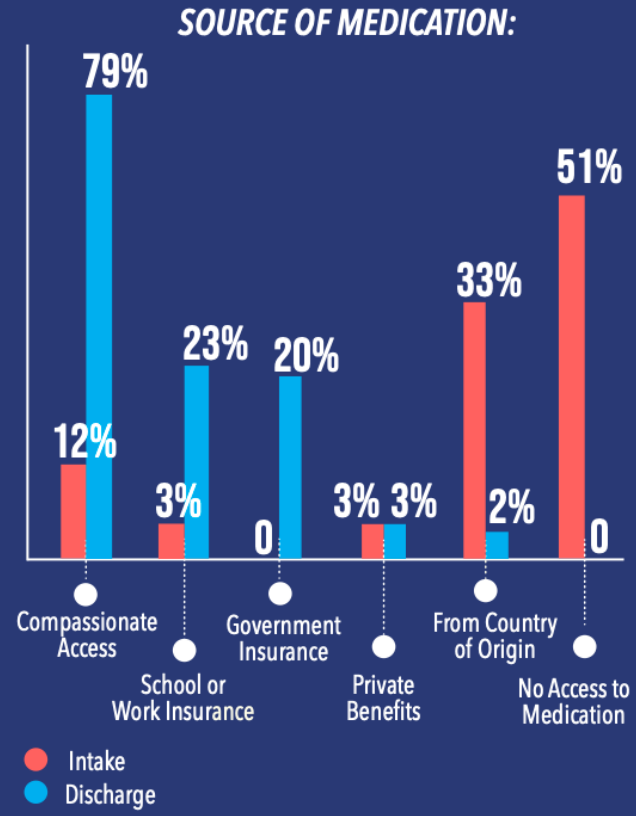


HEALTH INDICATOR CHANGES AT DISCHARGE:

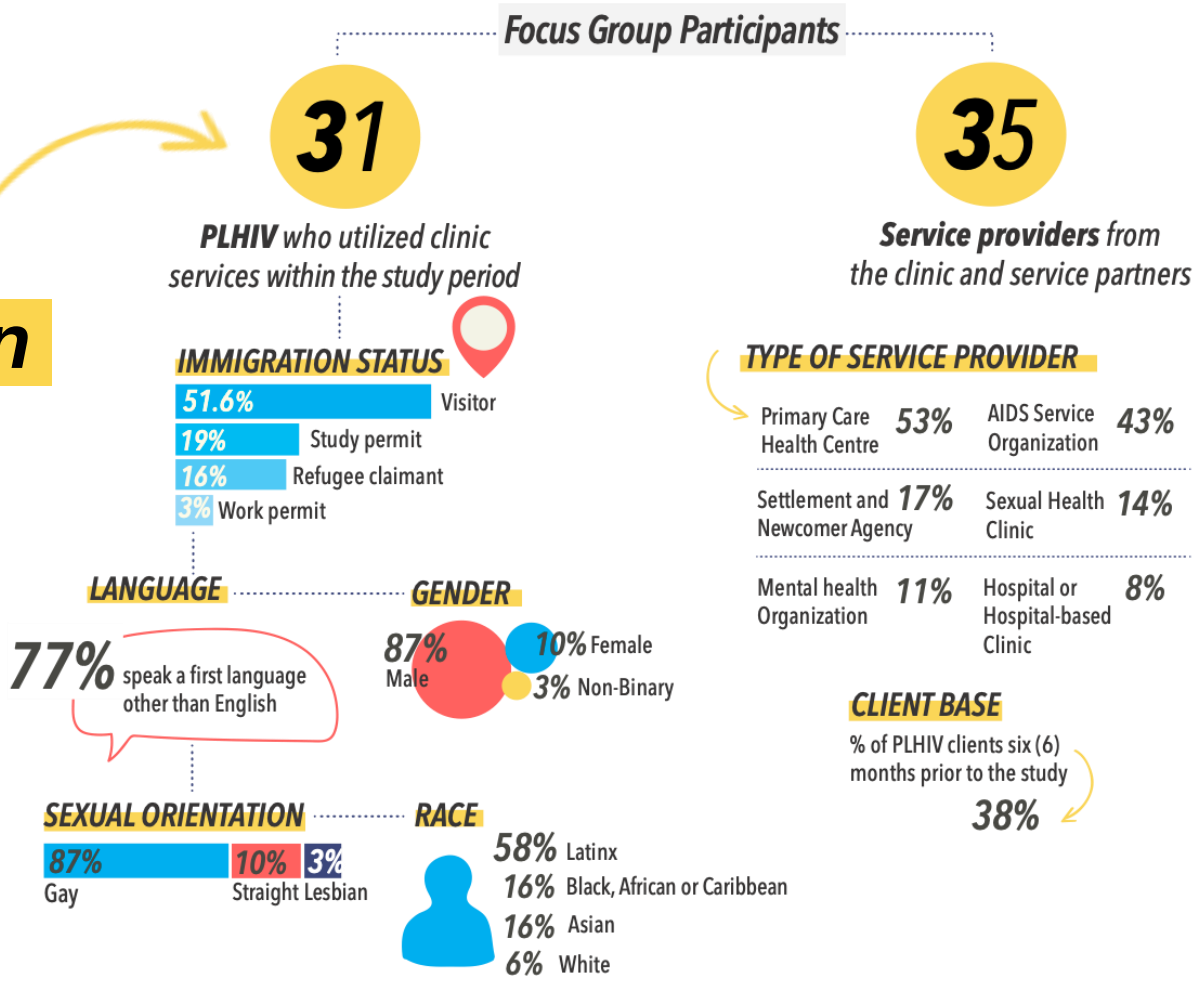


CLIENT SERVICE DATA





Who we Engaged in Phase 02:



STRENGTHS OF BLUE DOOR CLINIC

What we Learned in Phase 02 Focus Groups

a. Humane, Person-centered, Affirming Care

- Participants recalled the care and service received at Blue Door Clinic as humane, compassionate and affirming
- They referenced the clinic's holistic approach as integrating clients into a support network as opposed to being served as an individual client
- They described the service providers as committed, compassionate, flexible and professional

“And they don’t just specialize in HIV and that’s it. As the topic of the vision of health is much more holistic than you imagine. The nurses, very empathic, very human, very helpful, very sensitive.”

- PLHIV Focus Group Participant

STRENGTHS OF BLUE DOOR CLINIC

b. Multi-Sectored and Intersectional Approach

- Client and service provider participants noted the network of multi-sectored service partners as a significant strength, linking clients to crucial care
- Partnerships with diverse groups such as ASOs, legal and immigration services, community services, settlement agencies & peer support networks help address complex social determinant access challenges
- Partnerships with pharmacists, sexual health & PreP clinics were key to supporting efficient and timely access to starting and/or bridging treatment access

*“our organization receives direct referrals from Blue Door, and those referrals are not warm referrals, they’re hot referrals. So, everything’s done before it gets to us and it’s pretty seamless linking people into care. It’s one of the better systems that we’ve experienced in receiving referrals and, and we receive referrals from **, immigration panel physicians, walk-ins, etc, but at Blue Door, it’s a very seamless process and we find it very helpful and, useful for us.”*

- Service Provider Participant

STRENGTHS OF BLUE DOOR CLINIC

c. Peer Driven Linguistic and Culturally Relevant Care

Participants highlighted their appreciation of the:

- Language specific services with support from Peer Navigators and Case Managers
- Connection to culturally specific and safe spaces for ongoing support
- Proactive and flexible ways of communicating and following up with clients (via phone, email, text, whatsapp etc.) during care and after referral

“As a person living with HIV... especially when you’re new to a country and you meet a client they introduce themselves ‘so I’m also a PHA’... you will be okay you know, that sense of assurance, it really means a lot. Peers contribute a lot especially in the first stages of someone settling in Canada. When you don’t know the language and then you hear somebody speaking a language and you know they’re also positive like you, it changes how you look at things and it helps you in your settlement process...”

- PLHIV Focus Group Participant

WISE SPOTLIGHT

PEER POWER

- Participants stressed the critical importance of peers as they navigate complex health systems and services. UPI PLHIV community members approach opportunities to connect and support their peers with passion, enthusiasm, and dedication.

- Peer Navigators at the clinic play a unique role providing language interpretation support, and connecting clients to community peer networks and service agencies.

- Participants were intent on volunteering and many stated that supporting their community was deeply connected to their own wellbeing and sense of connectedness.

"After what I have been through, I was thinking that I need to volunteer in helping people, because I know I won't be last. There will be others who will be going through the same thing that I went through and I would put myself out there to help anybody that is going through the same thing"

- PLHIV Focus Group Participant

WISE SPOTLIGHT

ADAPTABILITY AND RESPONSIVENESS

COVID 19 exacerbated health risks and mental distress amongst service populations. It posed extraordinary stress on the service system as a result of health provider sickness, staff redeployment, inter-institutional staff travel restriction, space restriction due to physical distancing needs.

Participants talked about Blue Door Clinic's responsiveness, and the proactive and flexible ways in which they worked to connect with clients.

- Changing the client intake and peer navigation services from in-person to online and via phone and using whatsapp or text when necessary;
- Drop-in change to appointment; and,
- Expand recruitment and training for new providers to address staff shortage

"Meeting people where they're at, having different ways of connecting, contacting people working in different geographies across the province, I think we can be really, really proud of that work."

- Service Provider Participant

WISE SPOTLIGHT

INTEGRATED KNOWLEDGE TRANSLATION AND EXCHANGE

Findings from the focus group fed back to the Steering Committee to support Integrated Knowledge Translation and Exchange (iKTE) and make real-time practice adjustment or quality improvements in clinic operations

These informed the establishment of:

- Nursing coordinator position to support clinical case management and follow up
- EMR tools on clinical summary and care planning developed to improve client care
- ‘Blue Door Clinic Capacity Building Project’ to engage clinical, community, and peer service providers to develop needed knowledge and skills to service UPI PLHIV communities

CHALLENGES OF BLUE DOOR CLINIC

a. **Operational Capacities due to lack of sustainable funding:**

- The most significant challenge cited was the lack of core funding
- Resource restraints such as space limitation present challenges to scheduling clinic time and coordinating follow up
- Staff turnover, onboarding limitations and rotational staffing inconsistencies impacted continuity of care
- Resource limitation for long term primary care (case load increases if outward referrals not available)
- Mandate restrictions such as being unable to care for non-Poz partners of PLHIV

CHALLENGES OF BLUE DOOR CLINIC

b. Outreach, Resource Material and Clinic Promotion

- Clients identified the need to make people more aware of Blue Door Clinic and to increase its accessibility to communities who need these services.
- Both clients and service providers also highlighted the need for more online, social media and print resource materials in different languages on available health and support services and navigation pathways.

“So, as someone who’s trying to immigrate into the country, if I could just search Google and be able to know more information on oh, there is actually a service where I can assess without needing the healthcare here and that would actually give a piece of mind for me before I had to get panic about”

- PLHIV Focus Group Participant

“We have language, huge language challenges you know, and so we provide peers who help with translation and who help with accompaniment. And that just goes beyond having a service, but that individual who is also living with HIV who can help, I would say to just make the whole experience real, and located in lived experience. Then to be able to have persons who are fluent in these languages, and there are so many, there are so many languages that we have to try to provide for.”

- Service Provider Participant

CHALLENGES OF BLUE DOOR CLINIC

c. Systems and Structures

- Lack of access to non-HIV specialists or external references to primary care were cited
- Shortage of MDs available and willing to take on precariously insured clients.
- Shortage of HIV experienced providers especially outside GTA
- Changing/limited time for compassionate access on certain HIV meds
- Lack of available resources to support client challenges around mental health, precarious housing and employment, and other social determinants

“I think that the health system is already sort of confusing enough for newcomers. And so being able to say, like, you can see me, but you can’t go to emergency or like we can get you your HIV medications, but can’t get you maybe prophylactic antibiotics or mental health medications, I think it becomes sort of quite difficult for people to navigate.”

- Service Provider Participant

Key Lessons:

- Delivering client centered holistic care despite resource limitations: multiple points of engagement, flexible time/ways of contact, checking communication channels, ensuring confidentiality
- Provide coordinated team care: coordinator facilitating team approach, streamline and coordinate intake and history to ensure comprehensiveness without retraumatizing clients
- Bring services together and connecting people directly to ensure effective referral and follow up
- Budget the time & maximize services at each visit: client's time are as precious as the providers, it saves everyone time in the long run

RECOMMENDATIONS

RECOMMENDATIONS

Based on the findings there is immense value in the model of a dedicated program for precariously insured populations with HIV that provides holistic intersectional services through multi-sectored collaboration.

12 recommendations targeting four key groups are made to enhance health equity and accessible healthcare for UPI PLHIV populations living in Ontario.

AFFECTED COMMUNITIES

Affected communities need to maximize their leadership roles to co-create health services that are culturally relevant and accessible:

01. Leaders and advocates from affected communities need to mobilize and engage in co-designing, guiding and evaluating the development of linguistically inclusive, culturally safe and community responsive resources and services for UPI PLHIVs.

02. Secure resources to maximize peer roles in promoting and delivering services to affected communities, through roles including but not limited to program ambassadors, service navigators, and providing individual and group-based peer support to promote self-agency.

SERVICE PROVIDERS

Service providers need to invest in holistic healthcare approaches focusing on trauma-informed care and mental health competency:

03. Practice affirming and compassionate holistic primary health services that addresses the complex intersectional needs of UPI PLHIV populations, through collaborative partnerships with multi-sector service providers from health clinics, pharmacies, settlement, legal, housing and HIV service agencies.

04. Develop awareness and critical understanding of the unique mental health needs of this community.

05. Build capacities and practice competence specific to the realities of UPI PLHIV communities to promote and deliver trauma-informed, culturally safe services.

blue door clinic

CAAT Community Alliance for Accessible Treatment

BEYOND BLUE DOOR

SERVICE PLANNERS

Service planners need to ensure the sustainability and scalability of successful models like the Blue Door Clinic by securing core funding and incorporating proven wise community-responsive practices.

06. Secure core funding for Blue Door Clinic to ensure sustainable provision of services, including staffing to meet the clinical, case management, peer navigation and interpretation needs, core supplies as well as administrative support.

07. Secure resources to strengthen equitable and inclusive GIPA/MEPA practices to maximize opportunities for UPI PLHIV in co-designing and co-delivering services at the Blue Door Clinic

SERVICE PLANNERS

08. Develop user-friendly **online service resource listing, navigation tools and digital initiatives** to strengthen information access for people with various immigration statuses.

09. **Replicate and scale up the Blue Door Clinic model** to deliver services at different regions in Ontario to serve UPI PLHIVs and similarly marginalized populations.

10. **Promote the integration of wise practices** related to GIPA/MEPA, allyship, intersectional approaches, community responsive and evidence-informed practice changes, to other service frameworks across health sectors.

POLICYMAKERS

Policymakers and funding partners need to develop responsive policies and equitable funding initiatives to ensure universal health care access.

11. Increase resource support for innovative models of supporting care, including:
    - Core funding for Blue Door Clinic
    - Multilingual service provision in all partner agencies by using trained peer interpreter and web-based translation technology
    - Peer navigator services and other peer-led programming, and
    - Expanding the service mandate of Community Health Centres to include precariously insured populations such as international students, temporary workers and visitors.

12. Establish a publicly funded pharmacare program to ensure universal treatment access for all Ontario residents in need of life-saving and life-sustaining treatments regardless of insurance coverage or immigration status.

Starting October 2023:

Blue Door Clinic

every Monday 9:30am-12:30pm & Thursday 9:00am- 4:00pm

CASEY HOUSE

Research Report Downloadable via CCAT Website:

https://caat.link/wp-content/uploads/2023/09/BBD-Research-Report-2023-September.pdf

CAAT
Community Alliance for Accessible Treatment

blue door clinic

Thank you