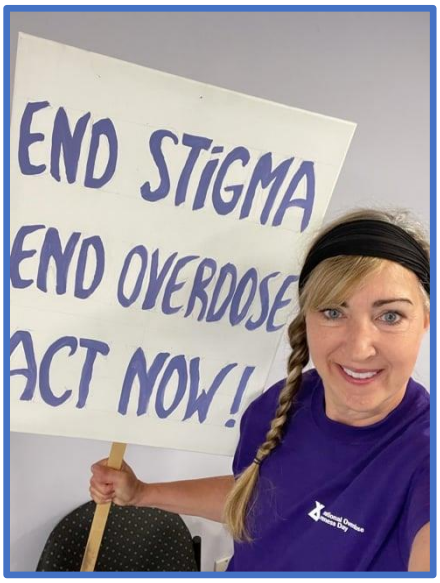
"People like me need people like her"

Evaluating the Outreach Street Health (OSH) pilot in CBRM



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"A measure of any health system's merit is the way in which it treats its most vulnerable citizens."
(Brownell at al., 2001)

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A few things to keep in mind as you read the report:

*The language used throughout the report does not always utilize the most equitable language. When words like *addict* or *junkie* are found, these are the direct words or descriptors of the interviewees spoken with. The term 'clients' is used throughout the report for simplicity purposes to talk about the many folks accessing care from the street nurse and utilizing the services of like-minded organizations. It is recognized that 'clients' can be a simplistic term to represent such a diverse group but is useful for reporting purposes.

*You may see the name Sharon throughout this report, when interviewees are directly referring to the Street Nurse in CBRM. There is currently only one Street Nurse in the OSH program and many of the quotes from interviewees refer to her by first name, which shows she has become a community fixture and asset in a relatively short time.

*The Ally Centre operates a mobile outreach van, Mobile Supportive Spaces. Throughout the report, Mobile Supportive Spaces is often referred to as the mobile unit or the mobile bus.

*The term Outreach Street Health (OSH) and Street Nurse may be used interchangeably. The shortened version of Outreach Street Health you will see is OSH. You may also see ER or ED to refer to emergency room/emergency department care.

*This evaluation followed a period of one year (Oct 1 2020 – Sept 30 2021) with interviews held primarily from June to September 2021. A follow up evaluation would be required to examine the program for intermediate and long-term outcomes as outlined in the evaluation template.

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Background

Although Street Nursing is new to the Cape Breton Regional Municipality (CBRM), it is not a new field. Currently, there are street nurses across Canada from Vancouver to Halifax. Its origins date back to the early 1700s, when the Grey Nuns began public health visits to those affected by poverty, abuse, and incarceration in what is now Quebec. A comment made by the superintendent of Public Health Nurses over 100 years ago, about the harsh realities that some community members face, still resonates today: *''Poverty gives rise to sickness . . . so even well educated and well disciplined folk would find it difficult to maintain health in poverty conditions''* (Dyke, 1919, p. 288). Poverty and its related stigma was apparent then and now.

The OSH for CBRM was designed to help reach street involved folks and those living with complex daily challenges related to physical health, substance use, housing, mental health and stigma. OSH exists with a goal to provide an access point to care that is client-centered, harm reduction oriented and meets people where they are.

> ***The purpose of OSH is to develop an effective model of outreach care, to provide barrier-free primary care to vulnerable populations where they are located, and engage stakeholders to build and strengthen relationships to ensure vulnerable populations in the CBRM continue to have improved access to primary care and other health and social services.***

The host organization, the Ally Centre, has 740 unique clients with the Ally Health Clinic having 500 registered clients who access a range of services – this segment of people alone provides a base pool of folks that may benefit greatly at times from the support of a Street Nurse. Since 2015, the Ally Centre has led efforts advocating for Outreach Street Health. As a starting point, a working group was formed that included a host of community agencies who work closely with vulnerable populations in the CBRM. The group consulted with the coordinator of Mobile Outreach Street Health (MOSH) in the HRM (Patti Melanson RN) knowing that the provincially funded MOSH was effective in Halifax/Dartmouth since 2009, so a similar program would make sense for CBRM. A needs assessment was completed in 2017 to help make the case for OSH in CBRM, with 94% of respondents agreeing that a mobile outreach service would be useful in the CBRM. Approximately five years ago, service providers and clients expressed a need for mobile outreach street health *"You have to go to them. That's the only way. You can't expect someone in a life crisis to even think about getting help or going somewhere or having the means to"* and *"It's about getting out to see what's going on – we're so far removed we don't know what's going on"* (Bickerton, Dechman, McKay, and Porter, 2017, p. 23). The 2017 report uncovered barriers to accessing health care and supported the work of advocates like the Ally Centre to continue fighting to get a Street Nurse. The Ally Centre then made several proposals and advocated for support to implement a MOSH program in the CBRM. They obtained pilot funds from Public Health Services (the Harm Reduction Implementation Team) to implement a one year outreach street health pilot from Oct 1 2020 to Sept 30 2021. Since that time, Nova Scotia Health Primary Care has provided an additional six months of funding to continue street health services until March 31, 2022.

The Ally Centre Outreach Street Health (OSH) demonstration pilot officially began on October 5^{th,} 2020. An Outreach Street Health Nurse, Sharon MacKenzie RN (.8 FTE) was hired to provide outreach-based care four days per week. Developmental work related to the pilot (.2 FTE) was the role of the Ally Health

Services Coordinator, Janet Bickerton RN. A logic model and evaluation framework was developed by a small working group, with guidance from Nova Scotia Health (NSH) evaluation staff member, Dorian Watts. The framework created was subject to evolve based on feedback from the Advisory Committee and clients.

Two individuals with community research experienced were hired to complete an external evaluation of the street health pilot. They referenced the evaluation plan to design interview and survey tools, to ensure applicable program documents were reviewed, and to inform the collection and organization of key data into a summary report.

The following questions were at the forefront of the work:

A SUMMARY OF THE EVALUATION FRAMEWORK FOR OSH

(1) **Was an effective model of outreach care** implemented through development, sustainability planning and advisory committee support?

(2) **Was barrier free primary care provided to vulnerable populations where they are -** using harm reduction approaches?

(3) **Were relationships built and strengthened and were stakeholders engaged** to ensure vulnerable populations in CBRM continue to have **improved access** to primary care, other health and social services?

For further information see:

Appendix A, which shows the full logic model design. Note: The pilot phase focused on activity related to short-term outcomes. Other columns can be referred to when planning future evaluation activity.

Appendix B, which demonstrates how sections of this report provide the content that answers the questions outlined in the original evaluation framework.

Evaluation methods & tools used:

1. **Interviews**. A series of interviews were conducted, reaching 60 unique individuals:

- *Clients having direct encounters with OSH from a variety of CBRM communities (20)*
- *Ally Centre Staff & Ally Health Clinic Staff (14)*
- *Community partners and stakeholders from a variety of sectors (e.g. nonprofits, women's organizations, justice and policing, housing, food banks, pharmacy, downtown businesses) (21)*
- *Advisory committee members (4) and a Funding source (1)*
- *Street Nurse (1)*

Seven separate interview tools were developed, one for each key informant group. Questions were designed to match the pillars contained within the evaluation framework (e.g. care access, building relationships, etc.) Some tools were pre-tested with staff and clients in advance to ensure the language contained within, and flow, made sense for the target group. Interviews lasted between 15 minutes and one hour and varied because some organizations had more direct and frequent experiences with OSH/Street Nurse. The first interview was held on June 14th with the final one occurring in early September. Both evaluators conducted the interviews which further helped support the accuracy of themes reported.

2. A concise **survey** was left at the Ally Center COVID Comfort Site, located next to the Ally Centre. Clients with literacy barriers received help from Comfort Centre Staff to complete the survey. The tool contained 10 questions and 3 demographic questions. Twenty completed surveys were collected on August 9th, 2021. Surveys were useful to compare with interview data, as well as for new insights.

3. A review of a **series of related documents and sources** was completed to learn more about processes, outcomes and the overall evolution of the program. These included:

- *Program and advisory documents*
- *Meeting minutes and quarterly reports*
- *News media and social media*
- *Community events and community stakeholder meetings the Street Nurse attended*
- *Consultations with peer-based groups (CAPED, SUNAR)*
- *Nature of referrals made and received, training taken, new equipment/assets obtained*
- *Community statistics to learn more about overall community context.*

Analysis:

During Fall 2021, all interviews were transcribed into Word documents. In November 2021, theming of data began using the ATLAS.ti program for qualitative data organization. Two evaluators worked collaboratively on the theming and compared the codes in ATLAS.ti with a previous list of emerging themes they had developed from reflecting on the interviews. There was consistency between key stories and quotes chosen by both researchers.

A Day in the Life:

It was clearly stated from those interviewed, that the Street Nurse never seems to stop. She operates by this statement shared during an interview: *"Every encounter is an opportunity to do something. Could be just a smile or welcoming voice."*

By examining Street Nurse activity, it is evident that the OSH program is providing a variety of primary care services and supportive services, covering a host of needs, in a timely manner for clients**.**

Below is a one-day snapshot of work the Street Nurse shared during a presentation:

- ✓ 10 flu shots
- ✓ 4-5 rapid COVID tests
- ✓ 2 wound dressings
- ✓ Serious abscess evaluation
- ✓ Packages of snacks ready for people going to ER
- ✓ Contacted 2 mental health staff to coordinate care
- ✓ 10 conversations with different folks in and around Ally Centre

The OSH Street Nurse **has 3 levels of client encounter types**. The first level is saying hello, connecting with people, introducing herself, explaining her connection to Ally, indicating some ways she can help. The second level involves the Street Nurse directly providing services such as harm reduction education, supportive counseling, relapse prevention, answering health related questions, and referring to the Ally Clinic or other health and social services. From April to end of June alone, the OSH nurse had 256 contacts with the vulnerable population that fall within these first two levels of encounters. The third encounter level is when someone becomes a client of OSH with paperwork/charting then completed. There were a total of 78 client files in the third level of care during the pilot period.

The number of people that OSH encounters varies from day to day, but the key is having people know they can access help when they need it. The Street Nurse reported having both regular and infrequent client interactions.

> *There is your core, your top 20 people who you see around here all the time. But then there are other people who come and go, they get better, they may come back, you might not see them for a couple months. (Street Nurse)*

Care type

During interviews, clients who had direct contact with the Street Nurse shared the type of care they received:

- Wounds/abscesses: 20.5% (*overtime this has emerged as a key care type for clients)
- Navigation: 12.1%
- Supportive counselling: 9.6%
- Medication access/support: 8.3%
- Harm Reduction, Overdose: 8.3%
- Pregnancy/STTBI supports: 7.0%
- Education (e.g. how to inject more cleanly, how to take vitamins): 6.4%
- Covid (tests, swabs, vaccines, info): 5.7%
- Immunizations for flu, tetanus: 5.7%
- Support for chronic conditions: 4.4%
- Other/not enough to categorize: 4.4%*
- Accompanying people to appointments/ER: 3.8%
- Blood draws: 3.2%

Other needs* mentioned included foot health, dental infections, toothaches, and support required for specific conditions like Hep C, epilepsy, diabetes. There was also mention of burns and fight related injuries.

On the survey left at the Comfort Centre (next-door to the Ally Centre in August 2021), 19/20 stated they had personally received help from the Street Nurse. The common care types listed by survey respondents were similar to those collected in interviews and included immunizations, wound care, and COVID related supports. This was followed closely by help with mental health, moods and stress.

During annual flu season (November 2020 to the end of January 2021), the Street Nurse oversaw a flu campaign immunizing 171 people throughout the CBRM. She did so via the mobile unit, the Ally OSH office, and at community partner locations. She reached people who likely may not have otherwise received a flu vaccine. This is a key success as it protects people who have chronic conditions, often live outdoors, or in close proximity to others from becoming severely sick and spreading illness. In COVID times, this is even more crucial.

The Street Nurse has been quick to advocate for new equipment to meet client needs (e.g. medical staple remover). She has also explored and advocated for new care types she could take on when she saw a role for herself to help reduce barriers for clients (e.g. access to depot shots, collecting blood samples).

Referrals as part of care type

Having worked previously in the formal health care system, for decades, the Street Nurse entered the OSH program with a knowledge of referral sources in the community, a base network, and as a client noted *"she still has connections"* to programs like the Opioid Recovery Program (ORP). Respondents explained that the Street Nurse knows who to refer clients to for certain needs and does so quickly.

Some examples of client health care referrals include: IV antibiotic treatment at ambulatory care, help with setting up Mental Health & Addictions appointments, linking clients to specialists and to important medical tests like MRIs.

She has also liaised with community/social service organizations helping clients gain access to information from Child Welfare, making housing referrals, and arranging interviews with rehab centers. Clients have noted she has helped with clothing, shoes and even has helped *"open more doors for food."* There were numerous accounts of the Street Nurse advocating in various sectors such as with the police via actions like wellness checks, with local pharmacies for medication needs, with family physicians about needed referrals and care plans, with ER triage to outline the needs of someone arriving, and with hospital units about client needs upon discharge.

Harm reduction as part of care type

The Street Nurse deployed primary care with a harm reduction approach. OSH has been integrated into the harm reduction initiative of the Ally Centre. The Street Nurse is sought out by clients like other Ally Centre harm reduction services.

> *The trust is there so now it's sought out, right. Rather than, you know, us having to beg, 'please go see someone and get that checked.' They'll approach her themselves and go which is a giant step. Like, that's harm reduction right there, right. As people start…you see those small steps toward taking care of your own health, right. And we say the first step is getting a clean fit, but that's only needle exchange. There are other things like [the] first step is talking to that nurse. So, it's really very much the harm reduction approach and it's improving people's lives. Anytime that support network broadens for people, it's a wonderful thing. So, it has broadened*. (Ally Staff)

The harm reduction approach of the Street Nurse allows vulnerable people to seek care for wounds and abscesses. The Street Nurse noted that she "addresses [wound care] at a different level" than in the formal system.

> *She's educating and cleaning the actual wounds; more the education of how to avoid getting them. And I noticed a few clients that had them on a regular basis, since having conversations with her they seem to either be doing it better, not getting them as much.* (Ally Staff)

Beyond educating clients, the Street Nurse, by example, demonstrated harm reduction approaches of care to colleagues. The Street Nurse advocated the acceptance of clients who may be exhibiting behavior considered inappropriate in more formal settings.

> *And I learned from [the Street Nurse] too because…it's a constant lesson for me that, you know, when you get your own feelings about how someone might be acting in a certain way that they kind of put you off. But [the Street Nurse] works with people and she kind of gets through that hard part to just kind of get to understand the person and get to know their story.* (Ally Health Staff)

Having the Street Nurse provide care in the community on the Ally Centre mobile bus has expanded public knowledge of harm reduction, OSH, and the Ally Centre. Initiatives such as flu shots and Covid testing enabled interaction and education opportunities with members of the public.

> *Since [the street nurse] has been with us [she] opened up a lot more doors as far as just the general public knowing what we're doing because we've been [in the community] more. We started doing flu shots for our clients and then we kind of just…if anybody asks, we kind of just give it to them. Since Covid testing, we started doing that, its opened even that much more because the general public is coming around to find out what we do. They know more about what we do, and they feel comfortable coming towards us because there's a lot of stigma around at first. Now they are understanding more of what we do and what it is because they had that first interaction with us. So, it opened a lot of doors as far as that goes*. (Ally Staff)

> *You know, you have the sign out, 'Covid Testing Available,' and people are coming to line up to get Covid tested, but while they're there, we are able to educate them about our organization, what the street nurse does, what we do. It's been a huge help in getting the word out. They've been seeing a lot more people on the mobile unit.* (Ally Staff)

Street Nurse advocating in formal systems

The Street Nurse comes to this role with credibility as both an RN and someone with experience in complex systems like the Opioid Recovery Program, under Mental Health & Addictions. Colleagues working with her at both the Ally Centre and Ally Health Clinic expressed the benefits of this occupational power. They felt that *"when Sharon calls (ER) they actually listen."* They felt this was due in part because she can use medical terminology and system knowledge and *"can speak the language"* to communicate more effectively. Ally colleagues also felt that Street Nurse role has reduced some stigma that can surround organizations like the Ally Centre because it diversifies staff. Many voiced that nursing is seen as a respectable, knowledgeable profession. They felt that the Street Nurse *"legitimizes the conditions people are living with"* to those in the formal system and has *"bridged gaps"* in her interactions.

A key referral example is as follows: The Street Nurse intervened with Opioid Recovery Program (ORP) for a client experiencing program entry barriers. What normally would have taken a number of weeks was sped up due to OSH involvement.

Both the clients and community organizations spoken with, noted a noticeable difference in how clients are communicated with when they are alone in an ER department versus when supportive staff accompany them. Clients felt it is important to *"have someone in your corner."*

Another advocacy role that interviewees felt the OSH program could play, was to help expose realities to decision makers, politicians and funders. Respondents believed a mix of first voice stories and accounts need to be shared (or witnessed), alongside key numbers - like dollars saved with programs like OSH.

Care spaces

> *"What is different from other nurses is how I did it and where I did it. Wound care is done on the side of the street. I have an office but am rarely in it. I have to go to them, to find them. If there is a trusting relationship, they will come."* (Street Nurse)

It is apparent that most care needs are met during block walks, when on the Mobile Supportive Spaces Unit routes and in and around the Ally Centre. Community partner organizations are also key locations for the OSH program to reach folks both in Sydney and in other communities such as Glace Bay, New Waterford, North Sydney, and Sydney Mines.

Reponses were collected that pertained to where people observed the Street Nurse providing care, where they personally received care, or where they are aware of her providing care. Below are the themes, in the order of how frequently these locations were mentioned in any 'care space related' comments.

- Block walks/Street walks: 15%
- In and outside of residences like apartments: 15%
- Ally Centre Mobile Supportive Spaces/Bus: 14%
- The Ally Centre and directly outside such as on back step: 11%
- Loaves and Fishes: 10%
- Community locations outside of Sydney: 10%
- Homeless shelter: 9%
- Comfort Centre: 6%
- In Ally Health Clinic: 5%
- Hotels: 2%
- Transition Houses/Women's orgs: 1%

An example of the Street Nurse providing care in a space that meets both client and community organization needs was when a very ill client was discharged from hospital to the homeless shelter. The Street Nurse visited daily for 5 days to assess and provide wound care until she was able to have the client re-assessed in ER and re-admitted to hospital. She did her best to work around system gaps including home care/VON not visiting a shelter to provide services.

CBRM is spread out geographically and is comprised of a number of major towns. Towns like Glace Bay and North Sydney are approximately a 30-minute drive outside of Sydney. The Street Nurse is only one person, working 4 days per week. Flu shots, COVID testing and vaccination set-up allowed the Street Nurse to meet a variety of community members and raise her profile across CBRM during the pilot. Here are some examples of the many areas she visited:

- Oct. 12th – COVID vaccine clinics at Glace Bay Food Bank
- Sept. 24th – Eskasoni – vaccines
- Sept. 1st – Ally Centre – vaccines
- June 22 – COVID testing in Louisbourg

*the brighter white area on the above map highlights the boundaries of the Cape Breton Regional Municipality.

A useful asset for the Street Nurse has been working with and from the Mobile Supportive Spaces bus when it makes sense for outreach in communities outside of Sydney.

> *Sharon jumps on board with them on a regular basis. So, she's able to touch base with people out in Glace Bay, Sydney River, Sydney Mines, North Sydney. They're all over the place.* (Ally Staff)

As the program evolved, the Street Nurse spent more of her time in downtown Sydney around the Ally Centre, and around Loaves and Fishes, the Homeless Shelter, the Cape Breton Regional Library etc. This is where clients could be found on street walks, as even clients from other towns tend to make their way into Sydney because that is where bulk of services are located.

Positive change stories

Numerous stories of impact and accounts of change were shared by respondents, too many to capture in this report. The care described, such as monitoring abscesses, teaching about safer injection methods, helping people access their needed medications, and using life-saving tools like naloxone demonstrates a preventive and harm reduction approach to care.

Those interviewed readily pointed out that it's not possible to accurately capture all the outcomes and ripple effects the OSH program is having:

> *Sharon, she is out there mitigating a lot of circumstances and preventing that call from ever coming. It is really difficult to capture that.* (Community Partner, Justice)

Although many of the stories heard were personal accounts, others focused on collaboration between staff and partners that demonstrate possible impacts on broader systems:

There were alliances and coordination of care that otherwise historically would not have happened. (Advisory member)

Here are some moments of significant change noted by Ally Staff members:

STORY 1: A big turnaround: "A client from Glace Bay with bad mental health issues and he's to the point where he doesn't trust anybody… can't hold down an apartment or anything, and he's only a young fella. So, we worked closely with Sharon to get him the help that he needed. We got him into the mental health ward there, and Sharon helped get him on some kind of medication now it seems to be really helping him. We are the ones who introduced him to Sharon because we knew that he needed some major help. And, since then though, he's been doing well, hooked him up with a phone and he's got his own place now and is doing much better. It was a big turnaround. If you saw him beforehand, you'd see like night and day. So that was just one, and I can think of like many others too. Like, there's been lots of times that Sharon has helped with stuff like that."

STORY 2: She saved his life: "There was another client here one day that Sharon ended up administering naloxone to. We were monitoring him all day because we knew he was highly intoxicated, and he was starting to fall asleep. We were trying to keep him awake, trying to arouse him every few minutes, make sure he was still conscious. So, we all moved him out in front of the Comfort Centre into the shade because we didn't want him sitting out in the sun out in the back. We got him to drink some water but unfortunately, shortly thereafter, he fell unconscious. Sharon checked on him and that's when she started with the naloxone, called 911, so she saved a life that day. He ended up unresponsive in the ER, intubated in ICU, but she saved his life. He's still walking around because Sharon was there. And, because she took the time to check on him every 20 minutes, and, you know what I mean, to make sure that he was still breathing and stuff like that."

STORY 3: Serious health needs, but serious reluctance: "A client who we see regularly came in to get bloodwork and he had deteriorated so bad. [A staff member] noticed and approached me. The staff doing the bloodwork had noticed he was starting to sweat. So, we traded places. The staff doing the bloodwork started doing bloodwork on the person I was doing wound care on. I had to call 911 for him and he is now in ICU. I could hear rattles. His blood pressure dropped. Sweating profusely. Lungs horrible. I was thinking he might have pneumonia but could be a heart infection. If he went home and had a nap (he likely would've passed)…point being, they don't feel they deserve immediate attention. He was still reluctant to go, said "oh it's just a cold." His girlfriend said he has been sick over the past while but really didn't want to go to ER."

Story 4: He may not have come had she not brought him: "I remember the first one and it was just after [OSH] started. [The Street Nurse] brought a very sick IV drug user in who had an incredible wound, rows of wounds on his neck from injecting. And so [the street nurse] covered it up and brought him in for us to have a look see. And we bandaged it, swabbed it, gave him tetanus, looked after what we could. [We] talked to infections disease and he was right there. And the fact that [the Street Nurse] was able to bring him in, that made all the difference. [We] dressed everything, arranged for him to go and get IV treatment, which he didn't comply with. He did for a day, I think, or two. But otherwise, we managed it away from ambulatory care, which is where he should have gone, but that was not in the cards for him. So, that was the very first time she brought someone in who was very sick, and it was just great to have him there. He may not have come had she not brought him. I don't know if his intention was to come but it was a very wise move. And he's recovered, he recovered from that. And, actually, he's come back to the clinic. I think he appreciated the intervention and he appreciated getting better."

Clients noted that OSH provided health interventions that significantly changed their situation. Several clients claimed that the Street Nurse was responsible for saving their lives.

> *She probably did save my life a few times.* (Client)
>
> *She's amazing, I would've been dead. I would've dropped dead* [without street nurse care]. (Client)
>
> [The Street Nurse] *is such a good person…She begged [the Ally Staff] to take me to the hospital for my arm and she saved my life. I had [bacteria] in my blood and would've went septic. She saved my life. She was telling me, 'you need to go, you need to go.' Finally, I listened. She [also] helped me get smokes to keep me in there*. (Client)

Client feedback

Client feedback was collected via face-to-face interviews, and through a confidential survey left at the Comfort Centre that was operating, at the time, next-door to the Ally Centre.

- On the surveys, 95% of respondents rated their experience with the Street Nurse within the satisfied to very satisfied categories.
- In interviews, the average score given by clients for the quality of care received from the Street Nurse was 9/10. One man even wanted to ensure the Street Nurse was given an "*11 out of 10*."
- The surveys highlighted that 95% of clients felt having a Street Nurse in CBRM was extremely important for the community.

Written on one of the surveys collected, was: *"I personally need her cause I won't go to hospital."*

In the interviews there were numerous comments, similar to: *"People like me need people like her."*

The Street Nurse was referred to affectionately by numerous interviewees. Some voiced *"she's my angel"* along with nick names which showed both a comfort level and acceptance of her as part of the community. Clients felt at ease with the Street Nurse, nicknaming her *"Nurse Ratched"* (a character from the 70's film, One Flew Over the Cuckoo's Nest). A number of clients referred to her as *"Nurse Bumblebee,"* explaining that the Street Nurse wears a black and yellow puffy jacket in colder weather and is *"always busy buzzing around."*

Street Nurse accessibility

The Street Nurse was described by respondents as being extremely accessible. Only one community organization expressed issue with OSH accessibility. The interviewee explained that they did not understand the schedule of the Ally Mobile Unit and when it is in their peripheral community. Most community partner organizations stated that the Street Nurse is easy to reach by phone, easy to consult with, will come visit, and if a message is left, you get a return phone call very quickly.

> *We just call [the Street Nurse] and say, 'hey, Sharon, we're a little concerned about so and so. Do you mind popping over with us to check on him or sending the bus over to check on him?' She's very easy to get a hold of*. (Community Partner)

> *There was only once she didn't answer, but did call me back. Every other time I did phone, she was more than happy to talk to me or come and see us to address whatever was needed*. (Community Partner)

Beyond being available to be called upon, the Street Nurse proactively made herself accessible to clients who are often reluctant to seek care. The Street Nurse did not wait for clients to reach out to her, she pursued them.

> *She looks to see who is out front or back [of the Ally Centre] and checks in with people, especially those having a rough day*. (Client)

> *She comes around every day and talks to people and makes sure they are ok. She's on the spot. She asks questions*. (Client)

The Street Nurse provides primary care that promptly serves client needs. Unlike the formal health system, OSH offers immediate service instead of organizing care with scheduled appointments.

> *Somebody will show her a cut and it's like, "sit right down, come on, we'll fix it now." Instead of, you know, "okay, come back and see me Tuesday at 2 o'clock." Most people are not going to come back on Tuesday at 2 o'clock.* (Ally staff)

Clients felt she is easy to see when you need her and is always "*on the look out"* and checking in with people. They voiced that *"you can drop in;" it's convenient;" "quick, easy and comfortable."*

Street Nurse traits:

"Sharon is extremely down to earth. She doesn't speak in large words. She speaks laymen's and the women appreciate that. Even the way she dresses and presents herself. She doesn't come across as someone who would be snotty or anything. She comes off as one of us. She makes everybody feel comfortable. …When she walks in there it doesn't matter if you are staff or a resident, she treats everybody the same way. She makes the experience an entirely different one (from ER). They need to realize the importance of someone going in on their level. Sharon came in and with these women she was on their level. She came into their home, she sat in their chair, she spoke to them about things that they wanted to speak to and on their terms and in their language. That is the most incredible things that anyone can do with these women. You go to outpatient's and you are on the medical system's level." (Community Partner)

An overarching theme was the importance of having the right person in this role, as clients noted this makes a difference in whether they will engage. Many client interviewees shared sentiments similar to, *"We can spot a fake a mile away."*

Client focused was a key theme that arose when people reflected on OSH (49% of comments made about traits were client-focused). The Street Nurse was described as putting the needs of clients at the forefront.

> *[The clients] find she's very compassionate. She listens to them and it seems like she's starting to know everybody, which is nice. They told me that she's starting to call them by first name.* (Community Partner)
>
> *She just got right to the point. She wasn't scared to put her hands on me. She didn't treat me like I was a disease or something. That's what I liked about it. And I was kind of dirty that day. I was on the streets*. (Client)
>
> *I don't live in a good building so I couldn't believe she actually came to the house*. (Client)
>
> *People like Sharon that can kind of put that stuff aside and listen to your story, it makes it that much easier.* (Client)

Other reflections on the Street Nurse's care-approach related to her personality, persistence, flexibility, skills and background:

Well suited personality

> *[The Street Nurse] is so compassionate and so invested in her job and what she does—It's not a job to her it's a passion. She just exudes it—this is what she is all about and I think the clients see that (Community Partner)*
>
> *Seems to me she really likes her job. Seems to me she might be a keeper. I hope she stays around. Seems like she's got the skin for it.* (Client)

Her attitude is right on. She is so funny. She makes the right comments at the right time. (Client)

Persistence

She's pretty persistent, she'll stay on them and keep putting that little seed in their ear until they finally say, 'Okay, Sharon, I'll go.' They know she's doing it because she cares. Sharon is going to make sure that they get the right help, and she won't stop until it happens. And that's the God honest truth. The woman doesn't stop. (Ally Staff)

The stuff she told me was stuff I needed to hear. She said If you don't go to the hospital you are going to lose your arm. Frank and honest. Didn't beat around the bush – she told me the consequences if I don't go. (Client)

Flexibility

I think anyone in this role, whether it's me or someone in the future, you have to have such a flexible way about you. You might know you have to be somewhere in 10 minutes but [the clients] really don't care. I'm so non-appointment, it even gets on my nerves because you just get them in here and get them talking…it's just constantly reprioritizing. (Street Nurse)

Sharon's really flexible…Like, if we throw out there, 'Oh, we were thinking maybe do this out in Glace Bay someday,' she's right on board. She's really flexible that way like because she kind of makes her own schedule. So, if we bring it up with enough notice, obviously, she'll move her schedule around. Even sometimes I've seen, you know, last minute notice and her say, 'oh yeah, no problem, I'll jump in.' (Ally Staff)

Even if she has something else to do, she will stop and have a chat with you. (Client)

Skills and background

You know, they don't feel like they're sitting waiting for medical treatment. She makes it feel like they're just sitting having a conversation and you get medical treatment at the same time. It feels more like a regular interaction where I'm wrapping your arm at the same time. (Ally Staff)

She is very competent, and she understands - and not everybody is willing to work with some of the clientele. (Community Partner)

Sharon and her unique role there, given her background where she worked with [Nova Scotia Health], she understands the challenges of working within NSH, and she recognizes that, and I think partners in the health system appreciate that as well. She was a part of the system. She understands that things don't move quickly. She understands how things work or don't work from a kind of systems perspective. (Advisory)

Although the Street Nurse comes to the role with a wealth of training and skills, she was keen to obtain more training and credentials as the OSH program evolved. Here is a list of some of the training undertaken during the pilot period:

- Phlebotomy
- COVID testing
- Crisis Intervention
- Wound Care
- Time spent with the MOSH program in the HRM
- STBBI and anonymous testing

Expectations

When it comes to implementing new programs, staff involved often have to cope with expectations that others have of them – these could be expectations from the host organization or from the wider community.

Throughout the interviews it became clear that respondents felt that the Street Nurse was doing well in this role and recognized *"being just one person she has accomplished so much."* Partners and colleagues recognized OSH *"can't be everywhere at once,"* which is an important realization in a community as geographically spread out as CBRM. The Street Nurse helped others understand where she would be spending her time by sending out her calendar and regular updates to her schedule. The Street Nurse's flexible nature has seemed to allow her to adapt and meet program expectations – this sometimes meant constantly *"rearranging priorities"* and having some things like emails and paperwork wait until more urgent care needs were addressed.

Ally Centre colleagues seemed pleased with the program, making comments such as *"it has rolled out exactly how I thought it would."* The Street Nurse reflected similarly: *"I'm doing exactly what I envisioned a Street Nurse would do."*

Obstacles/Barriers for Street Nurse

The obstacles the Street Nurse has faced seem minimal compared to the gains the program has made for clients, community partners and the wider community in such a short time. However, addressing these obstacles can help adjust some processes to make for an even stronger program moving forward. Recurring obstacles mentioned were:

- <u>Paperwork and accessing records</u>. Due to the busy and unexpected nature of street health, facilitated with a client-centered lens, paperwork may need to be pushed aside to deal with the task ahead of you. At the onset of the program paperwork was pen and paper style and electronic methods were lacking. To resolve this an electronic medical records (EMR) system was implemented in the summer for the Ally Health Clinic team. This allows OSH/street health to communicate with other providers at the Ally Health Clinic. However, because the OSH nurse is not an employee of Nova Scotia Health (NSH) she cannot access information. Others who are part of the Ally Health Clinic team (physicians, nurse practitioner and social worker) are in the

NSH circle of care and can access all information. Although OSH does not have access to all the information that NSH employees can access, EMR will help the Street Nurse enter key information about client encounters: *"EMR is going to be a godsend for me. I can sit down, type it in and then it is in there. It will be live and real time. EMR I can enter info and vitals as I go. More timely and efficient." (Street Nurse)*

- COVID. While COVID created many opportunities to build trust and rapport in community, there were some challenges noted. This included some colleagues working from home, needing to connect virtually or by phone, making conversations not as seamless.
- Time constraints. The Street Nurse would sometimes face limitations with the broader health system such as needing to get blood drawn in other communities back to the Sydney hospital lab, within a tight time limit.
- Follow through and reluctance. Another challenge included trying to convince clients to wait in the Emergency Room. There is a great deal of reluctance and mistrust to work through. It is not a comfortable place for clients for many reasons - ranging from the setting itself and wait times, to past negative experiences.
- Some processes for smooth care pathways for clients are lacking and had to be navigated on a case-by-case basis. There are many system gaps in the formal health system (from intake to discharge) for the clients that the OSH program supports. This can be time consuming and can take a full day's work making numerous calls for one client.

Awareness of the program

The Street Nurse built awareness of her position by **visiting key community partners and organizations**, walking through downtown cores, talking to business owners and clients, and being present at community meetings where a diverse collection of organizations are represented – e.g. Affordable Housing Group. Clients and community stakeholders alike, mentioned the important role that 'word of mouth' plays in Cape Breton. This helps build a sense of trust as the Street Nurse's name and sense of available services move among networks. The Ally Centre peer network was essential for spreading awareness amongst vulnerable people.

> *Word-of-mouth has certainly been the strongest part around [awareness building], and you can't beat that because of the natural helpers, right. That's a big part of what they're doing and so having that connection through them continues to spread and permeate that information out there.* (Advisory)

> *I use word of mouth a lot. I have taken a stack of [street nurse business] cards and gave them out when out backpacking. People with wounds, I give her cards to them*. (Client)

Interviewees expressed a willingness to have the Street Nurse visit and present to their staff teams – e.g. the police suggested she could present to all platoons in CBRM to help get the word out. Some community organizations desired a clear list of what services the OSH program can and cannot provide - they felt this was crucial so they know in what situations they can call upon her.

The Street Nurse seems to have taken every interaction as an opportunity to spread awareness. When walking the streets, she would take a stack of cards/brochures with her and drop them off to businesses

and locations if no clients were in direct need of her care. In fact, the OSH program reached over 39 businesses in this manner across three CBRM downtown areas, sharing information about the role, discussing harm reduction, and leaving OSH contact information. If an elderly community member came to the mobile supportive spaces bus to make a donation or learn about COVID, she would tell them about the OSH program and the breadth of services offered by Ally, hoping it could reach those who could benefit from knowing about street health through family and community networks.

Clients reminded us to be mindful of using the best modes of communication to reach them. Several clients suggested that social media was an appropriate way to spread OSH awareness.

> *When I was using, I wasn't watching the news, I wasn't reading the newspaper, but I was on my phone all the time*. (Client)

Others suggested continually advertising at places frequented by clients like pharmacies accessed for methadone. One client envisioned peers acting as *"ambassadors"* of the OSH. Ambassadors could hand out cards, wear t-shirts, build program trust and locate people in need of services. The desired outcome was that it would *"give [clients] a sense of dignity"* and *"help [them] feel useful."* Opportunities like these could be powerful for both clients and program.

A community partner suggested a presentation to CBRM Council on the findings of the OSH service to reach and inform the wider community. Other ideas included presenting and sharing reports to funders, politicians, and government department officials.

While the Street Nurse, Ally Centre, and community partners diligently worked to spread awareness, several respondents questioned the level of awareness. Some participants were uncertain of the level of awareness

> *I'm not sure how much community awareness there is of the Outreach Street Health program*. (Advisory)
>
> *I don't know how well known it is because it's not around town here so much* (Community Partner)
>
> *…I definitely think it could use more PR.* (Community Partner)

Other respondents doubted that OSH was well known. Participants noted a growing awareness, but others claimed it was not a recognized service.

> *I really don't think the majority of citizens in CBRM even know about [the street nurse] or know that this exists or what potential is there*. (Community Partner)
>
> *I wasn't aware [of the street nurse], so I'm sure a lot of other people aren't aware. And then maybe also what the Street Nurse is able to do. What exactly is she able to do?* (Community Partner)

Ally Centre staff explained that clients are aware of the service and they are seeking out the Street Nurse. However, amongst clients there were differing views on awareness.

> *I'd say half the people [aren't aware].* (Client)
>
> *More people should know about her*. (Client)

People know about her. Have no problems with her. (Client)

Below, you will see how often the suggested awareness building methods showed up among quotes pertaining to awareness:

- Community organization visits, presentations to organizations/community committees – 39%
- Word of mouth – 17%
- Advertising including billboards, signs, pamphlets, business cards – 17%
- Social media like Facebook – 13%
- Spread awareness through care interactions like COVID testing – 7%
- Peer approaches – 5%
- News media like radio and newspaper – 2%

On a client survey left next door to the Ally Centre (at the Comfort Centre in August 2021), clients could list any information sources they thought were useful. They were free to list more than one communication type. The top response was word of mouth, with 63% indicating it was the best way to increase awareness. Additionally, 26% felt advertising via cards, posters, and signs was a suitable method, 26% listed newspaper and radio as useful sources, while 21% of comments suggested social media. Others mentioned businesses, clinics and pharmacies as locations where information about the OSH program could be posted (e.g. inside on bulletin board). This survey data is very consistent with what was heard in interviews.

Other tools were examined for awareness capabilities. When observing the **Ally Centre webpage**, you will see that the Street Nurse's name and contact info is clearly listed, under staff. The Street Nurse started a Facebook **social media** page open to the general public on February 9th 2021. In October 2021 it had 85 followers and as of December it grew to 127, showing momentum is growing. Additionally, the Street Nurse has been regularly featured on the Ally Centre's main Facebook page which is very active (2521 followers as of Dec. 12) as well as the Ally Centre Mobile Support Unit page (263 followers) and Ally Centre Supportive Spaces page (775 followers).

There has been a variety of **media coverage** during the pilot phase, including three news articles (CB Post, CBC), two radio interviews (CBC, The Coast), one feature on CBC TV provincial news, and a special feature series on addiction that the Street Nurse participated in.

The Street Nurse has attended as many **relevant community events** as possible -- keeping in mind that during this time COVID has impacted many opportunities for regular community events and meetings:

- Presenter at Inaugural Cape Breton University Anti-Poverty Conference: Communities Building Hope - Cape Breton University - Oct 28/29, 2021
- Overdose Awareness Day – August 31, 2021 (she spoke openly about stigma at this event and the need for better health care for clients)
- World Hep C day - July 28, 2021. She attended the community booth with peer navigation workers.

- OPS community meeting (Overdose Prevention) with police and business owners – April 28, 2021
- Attended regular COVID 19 working group Zoom calls and Affordable Housing working group calls where a large representation of community agencies were present.
- Community partner update meeting – March 23rd, 2021 via Zoom

The Street Nurse noted changes in awareness as the program operated in the community over time - People on the street would now be *"recognizing me, saying hello, seeking me out."*

In a survey completed by clients accessing the Comfort Centre (based next-door to the Ally Centre), it was determined that 95% (19 of 20) were aware that there is a Street Nurse working in the community.

Needs OSH addresses

Throughout conversations with community stakeholders, clients, Ally staff, Ally Health clinic staff, and advisory members, a wealth of comments focused on the context and reality of life in CBRM. In fact, a whole report could once again be written from the data collected on the realities of life in CBRM alone and obstacles when trying to access health and social services (i.e. as a follow up to Those Who need the Most Often Receive the Least, 2017). There is certainly no shortage of evidence to make the case for OSH being needed in CBRM. While the purpose of the evaluation is to look closely at the OSH program in its first year of operation and whether outcomes were met, the inclusion of a short description of the community context and needs shared during the evaluation information honors the client and service provider stories. Furthermore, describing the community context helps contrast how the OSH approach is different and how it can be of benefit in the collection of communities that comprise the CBRM.

Mental health & addiction

Mental health and addiction was a recurring focus area and was mentioned in 29% of responses related to community need for OSH.

Numerous comments were shared, both from clients and professionals working in community, about the barriers to accessing mental health treatment, fewer psychiatrists working in CBRM, and about the lack of long term addiction recovery programs. Accounts were shared about the number of calls pertaining to suicidal thoughts and attempts, barriers accessing medications and treatment, and the self-medicating cycle many feel trapped in. Clients expressed that their clinicians and social workers can change roles/jobs all too often and how hard it is to then tell one's story again and again. Clients and community partners shared with concern that the current drug supply on the street is not safe, with increases in 'dirty supply' and that they are seeing more people taking drugs that make them more 'on edge' and agitated. Clients have complex needs related to trauma and abuse and need care that is understanding, timely and offered in a comfortable setting. With sadness, clients voiced they all too often lose those they love and know to overdose, and that grief support is needed. It was also expressed that for those on the street there can be little to no sleep which impacts mental health. COVID has led to further discomfort in social situations and in some cases also exasperated loneliness, as supportive services and gathering places were impacted with temporary closures and restrictions.

The OSH program can help alleviate the strain of some of these mental health-based situations and be a support to clients. The Street Nurse reported that she has deescalated situations occurring in public settings. The deescalating support offered by the Street Nurse sometimes creates an environment that allows for clients to be more receptive to care.

> *"I had a mental health situation and I was very full of anxiety and very traumatized by my own thoughts, and she came with me. She got in ambulance and came with me. She was saying it is ok just breathe. My obsessive thoughts tend to override things, so having her say it (to just breathe) was very helpful. It was something for me to 'land on' and get out of my own head."* (Client)

Social conditions

Social conditions were mentioned in 28% of responses about the need for OSH. Those interviewed felt a Street Nurse position is key because of the social conditions facing street involved and vulnerable folks in CBRM.

> *We are seeing, in our community, an increase in homelessness. We know that in the CBRM we have a lot of socioeconomic drivers that are negatively impacting the community—high unemployment, low rates of literacy, highest death by opioid in province [at] 8 per 100,000 deaths…What we see, in addition to that, is that the majority of supports for marginalized people are now in the downtown core of Sydney, but there is no navigator in place to help [people] to get those supports.* (Community Partner)

Homelessness was frequently highlighted as a major social issue and Ally Centre data reflects this concern. Between October and the end of January 2021 alone, 219 unique clients using the Ally Centre were identified as homeless, and these numbers only represent those who are using Ally Centre services directly.

Interviewees noted other instances of difficult social conditions. Some common situations described included food insecurity, long wait lists for housing, rent increases, and having to live in unhealthy and unsafe housing.

> *When people say they're living rough or they're precariously housed or whatever the descriptor may be, when you actually see it visually, it's really deplorable.* (Street Nurse)

Respondents were also concerned with more people spending time in and around the shelter downtown, and the impacts of being institutionalized (i.e. periods of time spent in foster care, prison, etc.). Community partners, the business sector and police noted *"seeing the same faces,"* sometimes for years, demonstrating that supports lack in CBRM communities to break this institutional cycle.

While it is unrealistic to expect OSH to address the myriad of CBRM's difficult social conditions, the program can help link clients with needed social services.

> *She could be the connector because she fits everything. She can be the wraparound and the link… I've seen it as that*. (Community Partner)

One area the Street Nurse has been assisting with is homelessness. OSH has partnered with the Cape Breton Community Housing Association (CBCHA). CBCHA created a .5 housing support worker to become part of the OSH team. This employee is located in the OSH office at the Ally Centre. The Street Nurse has referred homeless/precariously housed clients to this worker as well as to the homeless shelter. The Street Nurse has also assisted homeless people by advocating for them on the streets.

The Street Nurse worked with the police to re-locate a homeless individual with serious mental health problems living rough in a wooded area close to the soup kitchen. The OSH nurse and social worker from Ally were able to help mitigate the police response and help all involved to view it as a health crisis. (Program Quarterly Report)

It became apparent that the Street Nurse can also assist those engaged in sex work - and other vulnerable people who desire support, but may be hesitant to access care in the formal system.

> *We had a terrible incident here one day; girl came in and I'm not kidding she was covered in blood on her jeans on her crotch and she basically poured her heart out that she was brutally raped by a "john". That's the important part of having nurses and people like that. If half of the population heard this stuff, they wouldn't believe it was even happening, but it happens every day. Having a person there that they can trust and go to is amazing."* (Business community member).

Barriers to care:

The list below represents how frequent specific types of barriers to health care were mentioned during interviews.

- Stigma: 19%
- Transportation: 15%
- Expectations and constraints (setting, criteria, not able to meet follow up required): 15%
- Fear of outcomes (e.g. of being institutionalized, losing meds, child welfare involvement): 13%
- Wait times: 12%
- Medication barriers: costs, access issues: 11%
- Other (e.g. not meeting needs, siloed services): 7%
- Lack of Phone/Communication devices: 4%
- No fixed address: 4%

Similar barriers were echoed in client surveys conducted at the Comfort Centre in August. Here, the top barriers to care indicated were: 1) Feeling judged or misunderstood. 2) Wait times. 3) Difficulty remembering appointments and 4) Transportation-related barriers.

Stigma, as a barrier to care, appeared time and time again, regardless of the background or profession of the person interviewed (clients, physicians, police, etc.). It also surfaced in the surveys, at Advisory meetings, and during Street Nurse encounters. Due to stigma's negative impact on seeking health care it is outlined further in the section that follows.

Stigma in formal health care system

> *"Treated like a leper. It looked like it was paining her face to speak to me. It is so, so noticeable."* (Client)

The most pervasive stigma took place within the healthcare system (i.e. in 39% of stigma based comments). All of the clients spoken with had a story to share.

Two client descriptions stood out -- they described the emergency department environment as *"hell's foyer"* and noted *"this is where the love ends, man."*

Clients reported blatant remarks such as hearing *"oh it's them again"* and being seen as a *"frequent flyer"* or as *"drug seeking."* They spoke about *"flagged"* medical charts and how the demeanor of the professional in front of them, and sometimes the treatment plan, would shift once they saw the flag on their files. They felt they were viewed as *"doing it to themselves"* and perhaps not as worthy of treatment as those with other health problems.

> *When I need care, I'm close to overdose or have all these abscesses on me, I don't like to go to the ER. I've been there. I have ended up in an emergency situation. When you are at triage and you tell them how you got [the abscesses], that is when you are first judged. One thing they hate is these infections that come from banging up (IV drug use). They hate junkies in there for a couple of days getting IV*. (Client)

Clients who told us they were honest and open about their backgrounds were met with criticism. One young man who openly asked about why he might be getting infections after injecting and asked for advice in keeping the area clean was told, *"You know what you can do to prevent this? You can stop using drugs!"*

Clients felt their ER wait time was longer than the general public. This can mean people withdrawing in ER settings because of going without the drugs/alcohol they are used to having in their system. Harm reduction measures are not always considered, or even on the radar, even though such measures could lead to clients being more comfortable and better equipped to stay.

> *People who are already uncomfortable physically are made to feel more uncomfortable – the stigma makes it worse.* (Client)

The Street Nurse shared a story that stood out about an elderly client who had experienced multiple injuries from domestic violence. She was waiting to be seen and was in extreme pain with many broken bones. The OSH nurse had accompanied the client and through all the pain the client started to lower herself down onto an old stool, leaving the more comfortable chair empty saying, *"I'm just an old drunk lady, so this chair is for you."*

> *"One small negative experience here can turn people completely off. People living this life, myself included are hurting people. A lot of us are hurting more than I am. It doesn't take much. It could not only turn them off from getting health care that they need, but damage them in other ways that they don't need."* (Client)

Stigma in the community at large

Stigma found in the wider community is an important context to consider because the Street Nurse spends much of her time here, beating the streets and trying to bridge gaps for folks.

> *Everyone else, they can't stand us, they can't stand what we do or what we are doing to ourselves. They don't understand that we are going through a hard time right now. It's rock bottom and this is what we go through and it's like normal to us.* (Client)

Services working with certain populations can be judged. As an example, the Mobile Supportive Spaces unit staff, who as part of their role support the delivery of safe injection equipment overheard community members glaring and yelling "*oh look the enablers are back."* This judgmental attitude can make people feel uncomfortable when accessing services. Some clients shared that it even took them a while to enter the Ally Centre due to feeling ashamed, as it is sometimes seen as the place that deals with 'needles.'

Because stigma can be so rampant an internalized or psychological stigma can develop, where people are then expecting to encounter stigma wherever they go, whether it is or isn't happening:

> *People want to be accepted and loved. People don't think you are going to get that if using.* (Client)

Addressing stigma

Due to the pervasive nature of stigma, respondents acknowledged it is an issue that needs to be addressed. It became clear that there could be a role for the Street Nurse in helping bring attention to stigma due to the direct connection between stigma, reluctance to access health care and the avoidance of health care services.

> *Stigma often prevents a person from getting the life-saving help they need, leads to shame and isolation, as well as overdoses and other risk-taking activities.* (Street Nurse)

Some suggestions for addressing stigma that arose in the interviews included delivering presentations and education sessions on stigma – especially to those working in health care and particularly emergency care. The Street Nurse is well positioned to deliver educational presentations on stigma as working closely with the CBRM's most vulnerable people has made her knowledgeable on the subject. She acknowledged the nuances and impacts of stigma.

> *Stigma is not always obvious or a blatant remark. It can be subtle. A certain look. A certain word. A certain way you talk to somebody. A certain tone. All those things can make a difference in whether somebody is going to go back and seek help when they really need it.* (Street Nurse)

While the Street Nurse can offer educational sessions, she also has practical advice for those working with vulnerable people. The Street Nurse has suggested that professionals reflect on the way they treat marginalized people.

> *Do a self-inventory of your own stigma as a person in the community or as a health care provider or service provider. Think about how you receive people in your everyday life and whether that reception is breeding stigma*. (Street Nurse)

Several interviewees suggested a need for others to spend more time at organizations like the Ally Centre to meet people and see the challenges folks truly face. Many respondents reflected on the importance of knowing that *"everyone has a story"* to help shift perspectives.

> *There is a lack of understanding that nobody comes into the world this way. Nobody ever asked to be abused or victimized. Or to have mental health issues or to have an addiction. A lot of it is trauma-based. They have to walk in somebody else's shoes*. (Community Partner)

Client experiences with formal health system as compared to OSH

The formal system places many expectations on people, requiring them to act a certain way, or meet certain criteria in order to receive care, or to maintain a space in programs. Client experience with the formal health system is contrasted to care received by the Street Nurse in the detailed chart that follows:

Client's experience in formal health care system	Client's reality with Street Nurse/OSH program
Clients and community organizations report that **certain mood states, agitation, raising of one's voice, etc. are not tolerated** E.g *"I was told to sit still and sit down."* (Client)	The Street Nurse helps support clients through listening and de-escalation. *"During a relapse and there was a lot of turmoil in my life and she was there."* (Client) *"I have OCD and borderline and get really hyper sometimes. She's someone to talk to who is calm."* (Client) *"Sometimes people are just so full of everything that they want someone to ask them the questions, they don't want to come right out and say it."* (Client)
Clients feel as though they must hide their full story and true self. They **feel misunderstood re: substance use, trauma and fear possible negative outcomes** if honest about their needs. *"I have anxiety about it, feel like I might say the wrong thing and get locked up."* (Client) *"Fear they will come and take kids away for being honest and truthful about needing help."* (Client) *"Worry family doctor will find out and you'll be punished and taken off other meds you are stabilized on."* (Client)	Clients report feeling safe with the Street Nurse and comfortable to share important details. *"They (peers) were saying she won't preach to you or anything, she will just look after you and that's the kind of treatment I wanted. I didn't want no one judgin' me."* *"Service with a smile even if you are in your grungiest day."* *"She never makes you feel like any question is stupid. She is not intimidating. She doesn't stand over you. She knows exactly what's going on – drugs, alcohol, sex work."*
Clients **can feel uncomfortable in formalized waiting areas and settings**, especially in ER. *"Nice pretty office, where people are all dressed up creates a sense of 'maybe I'm not worthy of these services.'"* (Community Partner) *"The more that that room is foreign to you and the more that the people in it are foreign to you, the more uncomfortable you're going to feel."* (Ally Staff)	OSH meets people wherever they are - on the curbside, the Ally Centre back step, within community organizations where they are familiar (Homeless Shelter, Elizabeth Fry). *See more under care spaces heading in report.
There can be **difficulty initializing intakes, scheduling, and following through with appointments**. This is sometimes due to discomfort and other times because clients face a multitude of barriers such as lacking tools to communicate like phone, internet, etc. They might be calling services from an organization's phone, a peer's cell phone or with lack of minutes remaining on their plan. *"People talk about the no shows in other systems. But the demands from these systems are impossible for people to meet. They require people to have a phone, a place to live or receive mail, doing intakes…care pathways are not always suitable."* (Street Nurse) *"It's more in the disorganization of the lifestyle because you're not getting up at the same time, you're not eating at the same time, you're not sleeping at the same time. So, I think when those basic things are kind of disorganized and scattered, it's kind of hard for people to remember, "oh, I have an appointment."* (Ally Staff)	The Street Nurse has helped arrange multiple appointments for clients. She has even helped remind them on the day of to go. The Street Nurse has explained challenges to services like Mental Health and Detox - e.g. that clients can't be available for return phone calls 24 hours later to complete intakes. *"Easy to come here. You can drop in if she is not busy. Don't need appointment. A lot of people like me with don't really remember appointments. You need reminders cause when you don't work every day runs into every day."* *"If you have questions you can go and get her opinion and don't have to call and wait on 811. She will tell you if it needs to be looked at further."*

Clients have expressed it can be **hard to physically get to appointments** due to lacking access to transportation. They regularly have to leave their home community for service access. *"Absolutely, yeah some people fall through cracks because of living in other communities."* (Client) *"To go to Glace Bay and back is 50 bucks (Taxi) so I mean, who has that? And, I mean busses don't run all night long. Crisis doesn't tend to happen between 9 and 5."* (Ally Staff)	The Street Nurse has partnered with the Mobile Supportive Spaces staff and other Ally staff to help get people to appointments. Her approach to care 'wherever someone is' has greatly reduced the need to transport people. Going to see clients in communities outlying Sydney has also been a benefit to clients. *"She does make connections. My stepmom is a severe alcoholic and she goes right to her house."* (Client)
Clients reported they often **go without needed medications** due to cost, barriers getting follow up, and being seen as 'drug seeking.' *"I'd probably stop dealing (drugs) if I get on ADHD meds and stuff."* (Client) *"I have chronic pain and my doctor doesn't want to give me right medication and I'm suffering. My psychiatrist keeps telling me to ask my family doctor. I need her (psychiatrist) to tell the doctor."* (Client)	The Street Nurse has worked closely with the Physicians in the Ally Centre Health Clinic to address medication challenges. She has established relationships with, and liaised on cases with, numerous pharmacies over the past year including Lawton's, Pollett's, Pharmasave and Black Diamond. She has called family doctors and advocated for psychiatric follow up. *"When I lost my mental health medication, she got my doctor at ORP to get me my prescription for a week. That stopped me from withdrawing. Went out of her way."*
Clients report having to **tell the same story to multiple workers, across various systems** which can be exhausting and create more shame. They often encounter unknown/new staff and ever-changing workers. *"Sometimes we have to go from person-to-person. Updating so many workers gets hard. It's good when they connect."* (Client)	The Street Nurse has acted as a conduit to share clinically relevant information to other care providers on a client's behalf. The Street Nurse is seen as part of Ally Centre network which brings a sense of trust and she is building street credibility. Her personality makes her ideal for comfortability as highlighted more in the Street Nurse traits section of this report. *"Somebody's face that they're used to seeing."* (Ally Staff)
Clients may have fractured relationships, **often having to go alone to medical appointments**. Both clients and support staff reported clients can be treated differently (i.e. worse) when unaccompanied by staff. *"I'm disconnected down here."* (Client)	The Street Nurse has accompanied people to the ER/hospital. She has helped to verify the challenges clients are experiencing with their health and can speak more seamlessly with health staff, using medical terminology. *"She tells the doctors here how she has seen me (observed me) and how I've been feeling."* (Client)
Clients reported **care providers don't always have time to dedicate to their needs.** *"We get stuck in rooms and left. We are seen as doing it to ourselves."* (Client) *"Sometimes we wait with no real solutions."* (Client) – e.g. discharged without pain addressed or mental health needs addressed.	The Street Nurse may spend numerous hours focused on just one client, due to complex nature of some people's lives and health, sometimes with multiple check-ins thereafter. She is flexible to see people who need her. She is reducing burden on other care providers. *"I passed her one day when she was on her way home and she came back inside to check me out."* (Client) *"I started using her instead of going to the ER. She can get me antibiotics faster, she can get me xray faster. A lot faster than me going up to ER and sitting there for 18 hours and not getting anything or getting worse or leaving."* (Client)
Clients voiced they **don't always get the information they need to reduce harms in their lives**. One man reported being met with judgmental remarks after he asked a doctor how to more safely and cleanly inject.	The Street Nurse regularly provides harm reduction focused care without judgement. *"I had a bad abscess one time from injecting in my neck. Without her I would not have been able to keep a clean dressing on it, because of where it is."* (Client) *"She was helpful when I asked about needle size... I was getting abscesses. She told me about the side effects. Talked to her about how deep I should inject."* (Client) *"I could've died. I was almost septic. She got me drained. Took care of abscesses. Talked to me about Hep C treatment. Offered me lots of information about people to help with food. She is more than a nurse, to me anyways."* (Client)

Clients and stakeholders reported that **health care is not readily available when people need it, risking serious infections and even death**. Clients expressed difficulty waiting and great reluctance to seek care. Without access to care some clients take measures into their own hands. *"I probably would've cut it myself and who knows what would've happened. I wasn't waiting any longer (in ER). It was so red. I could've went septic."* (Client) *"If she was screened a bit earlier she maybe would've got it in time."* (Client, referring to his spouse in ICU)	The Street Nurse looks out for and addresses risks to health via her accessibility and approach. *"When living a very informal life you have to be able to pop in somewhere and have a little chat and ask to get things checked out. You need there to be no pause - you need to get on with your business."* (Client)
The formal system is siloed – there are different buildings, services and people to treat different needs. These systems don't always communicate or collaborate. *"One client had 3 staff he was working with in mental health and addictions, 1 community services worker, 1 primary care staff, 1 pharmacist… over 9 contacts when I counted all involved in his care. It wasn't coordinated. We were all doing things two and three times for the same individual and his health care needs and mental health needs were not being met."* (Street Nurse)	The Street Nurse has provided information and support to community partner organizations. She regularly visits key community locations (usually on same day each week) and even has a "nook" in one community space she uses. The Street Nurse has brought many benefits to organizations serving vulnerable populations, especially during COVID. The advisory committee has carved out a space for leaders in formal systems to come together to better understand realities and explore gaps.
Clients voiced that **people show shock, disgust, fear** when they tell their stories, share their experiences, or show their wounds. *"People who are nervous around us – that puts us on edge – that energy. We can tell if you judge by your eyes and body language."* (Client)	There were many positive stories about the Street Nurse's approach to care Here are two that show she is not phased by what she encounters. *"Well let's just say you could never get another Sharon (laughs). Just down to earth and open to things. You are going to hear things a nurse at hospital might not. She is not really surprised by anything. You can just go to her without hesitating or feeling worried and know it's not going to go through the whole building."* (Client)
Clients voiced that **negative experiences in systems can cause reluctance** in others. Clients voiced they are careful what people/services they recommend to others, as a bad experience can affect their own reputation in a small circle. *"People here - one small negative experience here can turn people completely off."* (Client) *"I wouldn't send anyone on to someone like that because then your name gets attached to that experience."* (Client)	Clients felt that the Street Nurse's positive reputation was starting to spread through peer networks and that was helping build trust to encourage others to reach out to her. *"We talk about this shit all day. We will be telling each other all about this – did you see how Sharon took care of me, etc."* (Client)
Clients voiced that **sometimes, within in their circles, health risks can become minimized.** *"I took a seizure before when Sharon wasn't here and all them guys were here and just walked by me."* (Client)	Clients felt the OSH program is regularly watching out for people to mitigate risks. *"And every time she sees me she checks to see if I'm doing good… makes sure I'm alright."* (Client) *"She came with someone else. A social worker to make sure I was alright. They hadn't seen me in four days and that is unusual. I'm here almost every day. They came to me."* (Client)

Ally Centre as host

The Ally Centre is a well-known community organization with a 30-year history of service provision and advocacy. It administers the Sharp Advice Needle Exchange, providing services across Cape Breton using a peer outreach natural helper model. Ally has drop-in services, a food bank, offers anonymous and confidential testing services for STBBIs, a sex worker empowerment program, take-home Naloxone, and in 2022, will help facilitate an Overdose Prevention Site.

The Ally Centre has established trust with many of CBRM's vulnerable people. The organization has a client service approach that enables a more egalitarian relationship between staff and clients.

> *It's very informal and it's because we don't judge. That's a major thing, right. We do not judge no matter what your situation is. We're going to sit down and we're going to talk to you about it, we're going to try to help you any way we can without making you feel this big. And I think a lot of the reason why our clients love us so much is because of that. That they can just sit down with us and have a chat, and have a coffee, and shoot the shit, and tell us their problems, and they're not going to get, like made to feel like they're smaller.* (Ally staff)

Clients explained that the Ally Centre's judgement-free environment allowed them to trust the organization and seek assistance. Furthermore, clients described how the Ally Centre was keeping them alive.

> *Ally offers a unique set of services by people who let you let your guard down. You can assume you are not going to be judged. I needed someone to be open and honest with me and share their experiences and that helped me let my guard down.* (Client)

> *I wouldn't be able to make it out there if this place wasn't open with what they offer, I would be gone. Swept under!* (Client)

The Ally Centre, through assisting marginalized people, recognized a growing need for access to primary health services. In fall 2015, the Ally Health Clinic was opened, initially providing a half day clinic per week. The clinic now provides access to health providers three days per week via two primary care physicians, a nurse practitioner and a full time social worker. In 2019, the Ally Centre acquired the "Bailey Bus" from Halifax which presented new opportunities for mobile outreach-based care. This history shows readiness to act as a strong and suited host.

Overall, it was agreed by those interviewed that a nonprofit organization should act as 'host' or home-base for outreach street health due to having more flexibility, promoting a feeling of community ownership, and having a close connection to the target population. Most agreed that having collaboration with existing services was also key to success. The Ally Centre has a vast network of partners and supporters.

> *We are huge supporters of Ally Centre and can't say enough of good work they do.* (Community Partner)

> *The Ally Centre, it just does a great job. There are so many aspects they can help with* (Community Partner)

> *I have such admiration for the Ally Centre and all the people that have put together all these pots of funding and support and all of that.* (Ally Health Staff)

Virtually all participants supported the Ally Centre as the host organization for OSH. Some did indicate that resources from the formal system should be provided as the OSH service is filling primary care gaps of the formal system.

> *There are just all kinds of considerations when you think you should sustain [a program]. From a funding perspective, yes [Nova Scotia Health] but Ally has to have autonomy*. (Advisory)

Another interviewee voiced that if the Ally Centre did not remain the host organization for OSH, that oversight should remain with community partners, or an advisory, and not with formal health system.

> *...a community advisory board with involvement from partners. If it wasn't just done by the Ally Centre, it would have to be done by people on the ground who keep it going.* (Community Partner)

One respondent advocated linking OSH more closely to the formal health system. This respondent noted that health services can be modified away from "traditional healthcare" and operate an "alternative model" that accommodates vulnerable people.

> *It can still be connected to health…I don't see why street health can't be an offshoot just like the [Opioid Recovery Program] is. I don't see why street health can't be their type of offshoot, more community-based care. Because if ORP can do it, I don't see why street health can't do it too. It's bringing health to the people in the community. If it's done with that in mind, gets a reputation, people start to use it and they see it as a trustworthy service—no one's going to force them to do anything, no one's going to collect any more information than they have to. I don't see why it has to be a nonprofit. I don't see why it couldn't be [health] because it's been shown that it can be done right.* (Community Partner)

Amongst clients there was widespread support for hosting OSH at the Ally Centre. One client who utilized the Ally Centre was concerned with stigma associated with the organization.

> *I personally didn't want to come here at all because I don't do drugs. I come here for food, resources, the nurse. Knowing that it is not the AIDS coalition, but a resource center helps*. (Client)

However, most clients identified the Ally Centre as one of very few spaces where they feel acceptance. Clients approved of the Ally Centre hosting OSH as they already have a trusting relationship with the organization.

> *I know [the Ally Centre staff] and how they treat people. It 100 percent makes a difference to be seen as part of Ally. Doesn't make things formal. When living a very informal life you have to be able to pop in somewhere and have a little chat and ask to get things checked out. You need there to be no pause—you need to get on with your business*. (Client)

> *It's a lot more comforting to know the [street] nurse is with Ally and not [Nova Scotia Health]. She is dealing with addicts on a daily basis*. (Client)

Collaborating with other Ally Centre staff

The Street Nurse discussed spending the early days of the program meeting with existing Ally staff and shadowing their work. She participated in orientation and planning with the Ally Centre and Health Clinic staff. The Street Nurse described being educated by Ally Staff with lived experience and becoming knowledgeable of peer approaches to care. She has voiced the utmost respect for the work that came before her. This likely helped her to mesh well with the existing team:

> *I was totally a sponge and totally learning. Most people I work with have lived experience so I'm very respectful of that. I don't come in and say, "why would you be saying that?" Or "why would you be doing that?" It was them teaching me and I'm there, I'm walking with them and I'm learning with them. I felt that was very important* (Street Nurse)

> *I was really lucky because for the past 30 years the work has been grounded by people with lived experience. All the trust and success. They are to be thanked. From peer navigators I have learned about client engagement and being there for people. Need to embrace and be respectful of the peer approach*. (Street Nurse)

The Street Nurse has been transparent about her daily plans and ensures staff receive her updated calendars and any updates to schedules, so they know where to access her.

Staff have described her as *"part of the family"* and *"a great addition to the team"* and noted she has *"just fit right in"* and *"it was like she belonged."* They agree she is easy to reach and feel they can call upon her. The Ally Centre's Comfort Site relied on the street nurse in overdose situations.

> *[The street nurse has] been here for every overdose. She just happens to be next door. We'd be active in getting the [Naloxone] kit ready, calling the ambulance. We act as a team. One day, it was a snowstorm, and we were going to close from 3 to 4 p.m. for sanitation, but we stayed open because it was storming out. And then we stayed with two gentlemen and he overdosed. So, [the street nurse] was around in a snowstorm and she came over and she spoke with the paramedics. And then it happened [again] on one of the hottest days recently. A gentleman, he was in the chair out underneath the tree and again we're doing our thing. Right away she's there, so we are both working. There were three of us that day working as a team; we saved his life*. (Ally Staff)

Ally Staff felt they have a *"divide and conquer"* approach with the Street Nurse as they treat complex clients and can share the work. While the Street Nurse felt she can rely on Ally staff to help her watch for and locate people, she reciprocates by bringing people back to the Ally Health Clinic.

> *If one of the clients isn't around for a few days and she knows that they had a health issue or whatever, she'll go track them down and check on them. Where we'll keep an eye out for them and the first time we see them, we are running down to get [the street nurse]. Like, 'the person is here,' and she'll come down and check them. It's been a real huge difference; it's been awesome.* (Ally Staff)

> [OSH] *just made a world of difference. [The street nurse] can see what's going on. She treats people out in the field; she'll come back and talk to me. She'll bring people back to see us. So, she's the eyes and ears out there for me, for sure.* (Ally Health Staff)

> *…I was able to call Sharon and collaborate with her and then she was able to do an assessment on him in person because she happened to be there, where I was out of the office that day. I think that was really just a great example of how our roles complement each other… Like it's very open and really there's never been an issue where I don't feel like I can go to her in a way that's free and open.* (Ally Health Clinic staff)

One Ally Health Clinic staff member described the street nurse as being an *"enhancer to my work"* as they can't always dedicate as much time as they would like to get thorough histories and get to know people in the time constraints. A growing relationship between OSH and Ally Health Clinic was apparent and during the 2nd quarterly alone (April to June) OSH made 22 referrals to the health clinic. Some interviewees also noted that the Street Nurse was helpful at developing important policies to support Ally Health Clinic.

While Ally Staff and Health Clinic staff have formed a successful collaborative relationship, there may be room for improving collaboration with the Ally Centre's peer network. Members of the peer network have informed clients that OSH is a trustworthy service, but it appears that there could be more collaboration happening.

> *I don't know if the peer backpackers and whatnot have been tapped into that much. Some [peer backpackers] are more interactive and some of them just don't go that extra…it's just not in their personality. However, from our peer network, our peer helpers, backpackers we call them, they're handing out leaflets and people know [about OSH]. But some of them don't approach people…* (Ally Staff)

> *Have a sit-down meeting? We've had meetings together but not specific to street nurse program*. (Client/Backpacker)

The Street Nurse seems to have adapted well to the fast pace of work at Ally Centre as shown with her flexibility to easily switch gears and focus. She had to learn about many different teams and the dynamics. Stories were shared about her working closely on the Mobile Supportive Spaces unit, accompanying peer navigators and naloxone trainers, collaborating with the Comfort Centre staff, and regularly consulting with the Ally Health Clinic. She has spent time referring folks to the Social Worker and Housing Support worker who both spend time at Ally and collaborate on cases. The Street Nurse and these colleagues have been exploring plans to do more street walks together and possibly some evening shifts together. The Street Nurse's connection with a housing support worker who spends 50% of time with Ally Centre resulted in there being 8 clients referred and housed from April to June.

She has joined alongside staff and volunteers at community events (e.g. World Hepatitis Day). The Street Nurse feels the partnership with staff is going well.

> *What's helpful is being able to get the other team members to coordinate and help with pieces. Yeah, they do step up.*

Benefits to local organizations

The Street Nurse has been described by the many organizational representatives consulted, as being *"indispensable"* and providing *"peace of mind"* that comes with having someone to *"bounce ideas off of and consult with"* regarding complex health needs of clients.

> *Just having [the street nurse] there makes a huge difference. Like I say, she makes people feel so comfortable. I feel I could call her for anything*. (Community Partner)

Knowing they have someone accessible to turn to, especially during COVID times, was mentioned by all of the community stakeholders interviewed. Another common reflection was the belief that having OSH in the community will take some of the burden off other systems. It became evident that the Street Nurse also has the potential to relieve burden faced by ERs in CBRM by helping clients with wounds, abscesses, and medication access before things become too serious. Police reps discussed that many calls they receive are of a mental health, social or health nature but directly come to the police because of gaps in community:

> *The way the system is set up now we are criminalizing people with mental health and addiction issues needlessly. A call comes in, a noise complaint or disturbance and it's often a mental health call embedded in another call. I say it all the time – this is not a police issue - it is a homeless issue, a mental health issue, an addition issue, poverty, housing, trauma.* (Community Partner)

Having a Street Nurse allows police officers to have someone to connect with when navigating some of these issues, particularly in downtown core. The Street Nurse also benefits those clients who access the Ally Centre by helping address their health needs when they are ready and willing. OSH has created benefits for the existing Ally Centre programs as well - e.g. Peer navigators and backpackers noted they can turn to the Street Nurse when they have identified someone who needs something health related addressed. The Mobile Supportive Spaces/bus staff have commented that the Street Nurse's presence has helped reduce stigma that can be associated with needle exchange work in community by showing there is a range of care and services that can be provided.

COVID specific benefits: The Street Nurse began her role in unchartered waters. Not only was the OSH program new to the community, but Ally was initiating the program during unique and uncertain COVID times. In fall 2020, community organizations faced many changes and regulations. Many non-profits were fearful of the limited staff (e.g. backshift) they had becoming ill or needing to isolate. Communal living situations such as in shelters and prisons became particularly stressful. Many businesses were temporarily closed and even soup kitchens began take-out only service. The Street Nurse had to navigate a new landscape in downtown cores, while at same time trying to promote a new program. Many organizations spoke highly of the Street Nurse's accessibility to help with delivering COVID information, conducting tests and eventually helping get vaccine appointments for vulnerable folks.

> *One of the big things [the street nurse did for us [was] testing. We had an exposure…but she still came by the shelter regularly to do rapid tests or the PCR test. But, also at our supported living house, had an exposure, and she went in sometimes twice a week to do the testing; making sure everybody was good. And she popped in to take care of wound care for one of the individuals. She was on the ground here for us and she really stepped up.* (Community Partner)

The Street Nurse contribution to controlling Covid was a contrast to the formal system that was often taking a lengthy time to plan for their reach to certain populations and communities and/or were sometimes sending staff that did not have the trust of the population. OSH minimized the Covid threat to community organizations and eliminated the difficult process of getting vulnerable people into the formal testing pop-up sites around CBRM.

> *The lineups to get testing were quite lengthy and we would never get people to go because it would just be too long of a wait. And, you know if someone has poor mental health and is paranoid, they wouldn't stick around. You know, which made it so much easier; and she tested staff too. Staff on shift were wanting testing; she did them too, it was great*. (Community Partner).
>
> [The street nurse] *is constantly asking if we need any [Covid] testing done. There was a time my executive director asked me to get a hold of her because we couldn't reach anyone at Public Health to address some questions and she did that.* (Community Partner)
>
> *She's been heavily involved in the Covid side of thing with us, right. We had a couple of individuals within the organization who had tested positive and there was a ripple effect for clients and staff in the organization. And [the street nurse] was able to be dedicated to us to come in, do the testing, follow-up, and she was instrumental in getting us quick results. And building rapport with some of our clients who live with some pretty severe mental health issues, paranoia, and those kinds of things in order that they would agree to be tested. [The street nurse has] been indispensable.* (Advisory)
>
> *It's so convenient to have [the street nurse] right there, especially with Covid going on so we can get swabbed whenever we want or the clientele that comes here, we can get them swabbed. It's just so convenient. [The clients] don't have to wait anywhere and you get your result back within minutes*. (Ally Staff)

From the end of April to summer 2021 alone, OSH was responsible for 773 rapid tests at locations where clients frequent and are comfortable. This has been essential because many in the street involved population are afraid to be tested or it is not an immediate priority. Interviewees shared that the Street Nurse provides COVID education and encouragement and utilizes her connection to the Ally to build trust. Not only have people agreed to be tested but have returned to be tested repeatedly.

> *"Right now, COVID is the big thing. She's been to the house a couple of times for COVID testing and talked to the women about COVID. A lot of these women are just getting out of jail and so they haven't lived the COVID life and they don't understand the COVID life. They were used to being segregated and where they were at was pretty much in isolation. She was an incredible resource for that."* (Community Partner)

Advisory Committee:

The Advisory table was formed at the onset of the program. It was a funding requirement and part of the original evaluation framework. The key primary care managers serving the region were invited and agreed to act in an advisory capacity, including managers from Eastern Zone MHA, Primary Health Care, Public Health Services, and Emergency Services, along with management from Correctional Services, Community Housing, First Nations Tui'kn Partnership, MOSH, and the Ally Centre.

The Advisory committee came together with sustainability and system change in mind. Meetings were organized monthly since October 2020. The group developed and approved a terms of reference with two main guiding principles:

- *Developing a collaborative approach to explore the improvement of services for vulnerable populations (by learning more about how/where people present and the barriers they face)*
- *Exploring stakeholder roles to sustain the outreach street health service.*

Throughout the interviews, comments about the advisory were made and themed as follows: advisory processes, commitment level, "Aha" moments/learnings, actions planned and executed, and advisory continuation. Each theme will be summarized.

Advisory processes

Meetings were held virtually and some commented they missed the face-to-face nature of collaborating because some things *"can be lost"* on Zoom meetings. They felt there was a good mix of representation in the advisory membership and that meetings *were "well-organized, prepared, efficient and that having an agenda was important."* They commented that it was unique for these members to be at the same table to support this one program, and that *"conversations together are more impactful than when in silos."* They felt that carving out *"a dedicated time and space to explore together"* was crucial. Members reflected that it is important to start small and use effective approaches, by sometimes looking at models and successes from elsewhere. When it came to offering some constructive feedback, a member suggested they would like to hear more detail about program progress. Another suggested that there can be some frustration because although those around the table might all support a needed change or action, they don't necessarily have the power to make the decision, having to go above themselves and bring it to a higher level in their organizational structure. There can be red-tape and processes that take time once information is shared with their own leadership. They did feel the repetition of key barriers that clients encounter was useful as it reinforced areas of action required (e.g. stigma, flagging, mental health gaps).

Advisory commitment level

The advisory members interviewed felt that the commitment level was apparent and that everyone around the table had participated and contributed. A few members mentioned a bit of waning attendance for some organizations when COVID priorities and urgent matters came up, with there being *"too much happening."* Reduced attendance was expected at decision making tables during this time. Members believed the group was well functioning but needed a bit more time to evolve as it can take time to get to know one another and work through group development stages in order to collaborative more strongly. Time to develop trust and rapport can also be essential in advisory groups. One member

felt they found themselves empowered and were *"advocating a bit harder"* than usual about issues because *"you want to push to keep it going."*

Advisory 'aha' moments/learnings

For members who were part of the advisory, there were many learnings and moments of reflection shared. Overall, they expressed they now had a better understanding of the work of the Ally Centre and organizations like Cape Breton Housing Association. Others shared their understanding of what clients face, and what supportive community partner organizations also face, has changed to help them see the complexities involved in day-to-day life. One indicated that *"it was profound to hear these stories."* Another felt being part of the advisory *"changed the way I think about designing and implementing programs to meet needs."* These are both big wins.

Advisory actions planned and executed

Some of the main needs and action items discussed at the advisory table over the past year included how to address the way clients are treated in the emergency room environment, focusing on instances of clients being 'flagged' as drug seeking or due to mental health and addiction involvement. With this in mind, a Quality study was suggested by Primary Care in Eastern Zone to look at a key group of clients with a collaborative approach taken to develop strategies to improve the care and outcomes for the clients. Meetings with ER staff leads were explored. There was hope that anti-stigma education could be delivered to care providers such as Clinical Leads and Emergency physicians. Funding to extend the OSH program was a key focus area of the advisory and members felt it was important for the group to be *"challenged to look for funding."* Discussions at the advisory level did lead to an extension in funding provided via Primary Care (from October 2021 to March 2022), who was at the advisory table. Another key focus was the need to bridge gaps being seen regarding mental health in CBRM. The Street Nurse and the Ally Centre often reported accounts about people falling through the cracks, spiraling and/or not being taken seriously at ER. During the same time period (July 2021), there were newspaper articles about community members repeatedly going to ER with deteriorating mental health, reporting suicidal thoughts and feeling they were not seen in a timely manner - a woman showing multiple hospital bracelets from being triaged repeatedly. Dedicated meetings with Mental Health leadership were requested and pursued based on these advisory conversations. A remaining focal point was the need for the OSH program to have access to an electronic medical record system to allow for a more seamless approach in reviewing, storing and sharing critical client information and encounters. Other accomplishments of the advisory, as outlined in quarterly reports, were exploring research/evaluation partnerships (e.g. CBU; NSHA) and enhancing dialogue with First Nations Health Centres.

Advisory continuation

There were mixed opinions as to the need to continue with the advisory, but all felt it should remain in place at this time. Some members felt more strongly about its continuation stating "*this forum needs to remain"* and that a committee level is *"critical"* due to the complexity of issues being discussed. Some members pointed to the ability of this advisory to look at other related issues such as aspects requiring *"community coordination and coordinated access."* Some believed that the advisory table should keep meeting but *"within reason and with a clear purpose"* in coming together each time. Most felt that meetings should continue at least *"until funding and resources required are more permanent."*

Program evolution

The OSH program quickly evolved through a transitionary period of establishing program awareness and *"street credibility."* Ally Centre staff informed clients of the Street Nurse and the nurse approached vulnerable people throughout the community to explain the position and services offered. The Street Nurse explained that when she first arrived, there was not a *"line-up at [her] door,"* but with Ally Centre promotion, clients began to *"walk in off the street."* She reported that word-of-mouth spread program awareness throughout vulnerable populations in the CBRM. By May of 2021, the Street Nurse noted that her presence was recognized on the street as clients began stopping to chat and disclose health concerns as well as their concern for peers. She noted in June of 2021 that in *"the last couple of months, [the clients are] seeking me out."*

Throughout the evaluation, the Street Nurse reported an evolving demand for wound care. Six months into the program, the Street Nurse explained that *"wound care is becoming more and more"* and that *"it's getting to be a real issue."* She noted that "*if [the clients] see my light on, they're popping in for wound care."* An Ally Centre staff member observed that Street Nurse presence on the Mobile Supportive Spaces unit addressed wound care issues because clients were comfortable approaching the nurse and bringing their wounds to her attention. Furthermore, client knowledge of a Street Nurse to address wounds has led to clients visiting the mobile unit for the express purpose of seeing the Street Nurse.

Another important service that evolved the OSH program was Covid testing. While Covid was an impediment to implementing the OSH program, testing offered expansionary opportunities. Covid testing strengthened partnerships with community organizations such as the homeless shelter and Loaves and Fishes (soup kitchen). The Street Nurse noted that Covid testing enabled encounters because clients at community organizations would wait for her to visit so she could test them. Also, Covid testing on the Ally mobile unit increased the number of visits to the unit and expanded awareness of OSH (Ally Centre Staff).

Future of program:

Interviewees were asked to dream about the future and reflect on what OSH could and should look like. Common themes in this area were related to a desire for continuation, program expansion, possible spinoffs, potential team members, and a need to secure funds.

Several participants pointed out that the OSH program **should continue and become permanent**. One community partner believed that the program is in its infancy and should naturally expand. Interviewees felt the program should continue as it fulfills crucial needs.

> *And it surprised me that, you know, there's always continuing conversations about whether or not this is going to be needed in the future, right. We are only extended until the end of March now. This should be a permanent program, in my opinion. Not my opinion, the facts bear that this should be a permanent program and it should actually be expanded*. (Advisory)

Respondents advocated **expanding OSH** into a mobile service with more nurses and wider geographic coverage. Concern was expressed regarding service provision in peripheral communities.

> *I could see so much growth happening where maybe the whole island can be served with a few buses on the go. I just see that could happen in time. I think it would be a dreadful loss for the communities it services now. Imagine taking that away. People used to come to the Ally Centre and [now with the OSH program people say,] 'well thank God I don't have to go into town; I can stay in New Waterford or the North Side.' Imagine if that was taken away. What would they do? Do you think they would come back [to the Ally Centre]? Maybe, maybe not. And they would just go and fall through the cracks again. And there's so many more people that can be serviced*. (Ally Staff)

> *I don't know if she's as known because she doesn't have a van. A MOSH van, there's a presence. So, when she drives that, I mean there's the Ally van, but anyway, she doesn't have a van. And then she could be recognizable, and they take patients in and work with them in the van without going to the hospital*. (Community Partner)

> *She is great to have around here and there should be more people like her in more dispersed areas*. (Client)

> *Just something to help her get around; make her more mobile* (Client)

> *Explore how to further expand and reach others that [the Ally mobile unit] might not be reaching.* (Client)

> *I think we need more than one [street nurse] and thinking about how we can meet the needs of outlying communities as well. Providing more direct access to outreach street health services in those communities.* (Advisory)

> *I don't know how much time she spends in other communities in CBRM; I'm not sure. So, I think there's an element for that*. (Advisory)

Respondents also advocated **spinoff programs** to be administered by OSH. There was a desire for delivery of depot shots through OSH, administering future harm reduction services, and a collaborative position within the emergency department.

> *The ability to get different depot shots and that for schizophrenia and that stuff. And if [the street nurse] could administer those to our clients because there's a handful of them that get it on a regular basis, and they go without it for weeks and weeks or months*. (Ally Staff)

> *I would really like to see their depot meds delivered in the community. It would be amazing because we have a lot of people who forget their appointments or just don't have the capacity at that moment to remember their appointment.* (Community Partner)

> *I would like to see some alcohol management programs and some safe supply coming out of [OSH]. And I know this one nurse street model is an amazing and wonderful thing that we are doing here but it really is a one nurse model and that needs to expand. It needs to expand to take into consideration all the barriers that our folks are up against, which is access to what they*

need to maintain their lives throughout the day. They do that in Halifax; they do that on MOSH. (Ally Staff)

It would be nice if we could sustain [OSH] and build those partnerships with the emergency. It would be great if we had somebody in the ED like they do in Halifax. It does not have to be a nurse practitioner; it could be a social worker. Just somebody there advocating, witnessing. And that would free up more of [the street nurse's] time to be doing more of the work at Ally, on the street or the mobile. (Advisory)

Regarding **future team members**, interviewees expressed an interest in OSH adding a position for a social worker, mental health nurse, and prescriber. Some community partners expressed a desire to explore adding a service navigator or new community positions in policing that could collaborate with OSH and the Street Nurse. Expanding from one nurse to an OSH team was also supported.

[With] all the mental health stuff, maybe that's something to consider with the [Ally mobile unit] too; moving forward is having a mental health nurse as well because it's part and parcel. (Community Partner)

I think it would be a really nice fit for [the street nurse] to have somebody with a social work, psychology background like they do in Halifax. They have a street navigator; I think their background is social work. So, it would be nice for [the street nurse] to have support when she's on the street meeting the people. (Ally Staff)

A prescriber would be a big thing because if somebody could get that kind of rapport and be able to prescribe medications that [clients] need and the counselling that they need. That would be incredible. (Ally Staff)

Sometimes I need a doctor. I can't take it to the next level. I need a prescription, or I need a professional opinion, but it's either ER or nothing. So, more accessibility to primary care all the time for this population would be something I would want to see more of. (Street Nurse)

Halifax has the team that's on the street; trying to set something like that up here. I don't know what the hurdles are for that because I think there's enough demand. (Community Partner)

Respondents expressed their opinions on **potential partners** for OSH. While many suggested partnerships with food banks, the Homeless Shelter, Loaves and Fishes, Elizabeth Fry, Transition House, the Cape Breton Regional Library, pharmacists, etc. that were already initialized by the street nurse, a number of additional partners were recommended. Services like the Family Place Resource Centre and volunteer fire departments were suggested. Other recommendations included: 1) Building a stronger relationship with Jane Paul Centre who supports Indigenous women living through experiences related to poverty, abuse, intergenerational trauma, sex work, etc. 2) Reaching out to school programs, youth centers and foster care group homes as these youth could be future clients of Ally Centre and preventive work could be done.

An advisory member suggested partnering with a team at the Cape Breton Regional Hospital.

> *So, Cape Breton Regional Hospital has what they call the Rapid Assessment Team who puts things, like from a multidisciplinary lens in place for people to get them services so they don't have to be admitted*.

Community partners want to remain connected and their offerings could be utilized to help sustain the program - e.g. *"I have a room here she can use;" "We are starting a hub model and would love her to be present a certain time each month."*

When asked about **sustainability**, interviewees suggested that OSH funding should be sustainable and come from the formal health system. Also, one respondent noted that it is inadequate to rely on one street nurse position to meet needs on the street.

> *I'm thinking, I don't know if its public health or health authority, this is definitely health. I definitely think that they should be kicking in in a big way. I often find that when [operating community organizations] we [do] so much with so little money that sometimes it seems to me that we're expected to do miracles with nothing. Ally obviously is not a rich organization. If this is a health [initiative], and it is very much, why shouldn't it be funded the way other services are. I think that it should be funded the way other health services are.* (Community Partner)

> *I think [Ally] could be the right site, but there does need to be sustainability to it. Like [the street nurse] position, I think, should be just part of the funding model for [the Ally Centre Health] clinic, rather than year-to-year funding. Like, I think she's shown, and the Ally Centre has shown [OSH] is a needed position.* (Ally Health Staff)

> *To be honest, I think we need more than one [street nurse]. She's not even 40 hours a week. I don't think she works Fridays, so…there's gaps, right. And actually, [service demand] doesn't stop on the weekend. It's actually…crisis is even bigger on the weekends. And probably crisis is bigger on the weekend because there's nobody there*. (Community Partner).

Considerations & Recommendations:

- This evaluation focused on short term outcomes due to the pilot program operating for only one year at the time. Consider evaluating OSH again in the future to capture intermediate and long-term outcomes. It will be important to capture more detailed information to help measure the program's successes over a longer term (e.g. such as changes to ER usage) and make further adaptations to strengthen processes and outcomes, where necessary.
- The advisory seemed to present some unique collaboration opportunities and served as the starting point for important and complex conversations. Consult the Advisory to carve out a meeting schedule that makes sense as the program evolves. Ensure there is a clear purpose for each meeting, with roles clearly defined, and a task-oriented focus with actions assigned to members that may help support system change
- The Street Nurse having access to an electronic medical record system was seen to be a major win and should lead to better storage and sharing of pertinent information. Other data sharing situations and a need for agreements between community partners may arise and should be on the program host's radar.
- Tap into the Ally Centre's peer backpacker network and explore how to appropriately navigate rooming houses and apartments typically kept very private.
- Work closely with first voice groups focused on safe supply and anti-stigma like Cape Breton Association of People Empowering Drug Users (CAPED) and SUNAR.
- Hold regular meetings with various Ally staff team members like peer backpackers and with Ally Health doctors to explore linkages and opportunities. Allow time/space at monthly staff meetings to look at processes, collaboration and opportunities between OSH/Street Nurse and the many other Ally Programs.
- Work more closely with relevant NSH medical staff that understand the system at key transition points (e.g. discharges) such as with Patient Flow Social Workers.
- Continue to arrange and offer anti-stigma sessions with ER staff like doctors, nurses, team leads.
- Collaborate with Mental Health leadership to access resources needed to focus on this key part of wellbeing. Often those deemed 'hard to reach' end up going to the Ally Centre for care, but the Ally Centre does not have the same quantity of resources as the formal system and could benefit from resources to support this workload. Additionally, there are challenges with intake processes, getting a bed in detox, and with discharges. Conversations with Mental Health could also explore the Street Nurse's role in helping get depot shots to clients, which has been identified as a gap.
- Arrange conversations with the Cape Breton Correctional Facility as many people are being released with very complex medical needs and chronic conditions, and to no provider.
- Ensure the Street Nurse has tools needed to do the job effectively – this could include suitable backpacks and ways to be more mobile. One client suggested a bicycle with a compartment.
- Continue to raise awareness in the wider CBRM community to garner support and build connections. Maintain visits to local organizations and businesses that have proven to be successful. Word of mouth has showed promise in linking folks to the OSH program and in increasing comfort, so building rapport with the target population and peer networks is crucial.
- Ensure community partners who care for a similar population are clearly aware of the situations in which a Street Nurse can assist. Some partners desired a one pager with this information.

- Utilize the stories, outcomes and quotes contained within this report to make the case for funding. Primary care is clearly being provided and reaching those who have gone without care, so funds from health seem to make sense.
- Include a focus on advocacy so that a variety of stakeholders better understand the situation of community members who are street involved, living in poverty and in other complex situations. The Street Nurse has gained credibility and respect. She could use this professional power to influence decision makers by sharing what she sees and what is needed for longer term and equitable solutions (e.g. basic income, rent programs). She has spoken clearly and eloquently at community events, gaining the attention of those in the room when talking about *"dignity and a right to healthcare."* The Street Nurse's desire for big picture change and advocacy fits Hardill's (2006) critical examination of the history of Street nursing: *"We must guard against embracing strategies that do not address basic health determinants for low-income people, and reject those strategies that may, albeit inadvertently, result in little more than glorifying nurses who ''tend the poor.''*

Conclusion

The overall goal was to sustain the service with its current level of funding and staffing, to ensure at least one street nurse to work in collaboration with the Ally Centre and Ally Health Clinic. Many aspects showcased in this report help make the case for this level of continuation and beyond.

Through firsthand accounts and heartfelt conversations, it became evident that the OSH program's approach to care is a good fit for the clients and community partners who rely on the service. Ensuring that this work remains with a community organization with the ability to be flexible, creative, and trusted by the population seems to make sense. Continuing to build and strengthen relationships with key health system partners to improve access to health services is key, as well as enhancing relationships with community partners, businesses, and key organizations who can help advocate for its continuance.

The pilot appears to have been implemented as intended, with numerous positive outcomes for clients, helping them establish trust in having their health needs being met. Benefits have been felt by the Ally Centre itself, the Ally Health Clinic, and community partner organizations - including the police and Homeless shelter. The pilot phase of work has even influenced how advisory members look at broader systems of care. Decision-makers and leaders, such as those in government departments, need to hear more about this initiative and get behind the approach. It not only saves money, makes sense, is more efficient and client-centered --but more importantly it saves lives.

The local 2017 needs assessment entitled, "Those who need the most often receive the least" was used to make the case for OSH in CBRM. With OSH continuation, more time to grow, investment in the Ally Centre as host, and in having the right staff at the helm, 'those who need the most' will receive what they need to have a fair chance at feeling cared for. OSH provides those most vulnerable with what they need to experience non-judgmental interactions, preventive care, and harm reduction measures – and that is equity in action.

We hope the stories shared in this report aid in the recognition and remembrance of those who lost their lives due to the many inequities in health and social systems.

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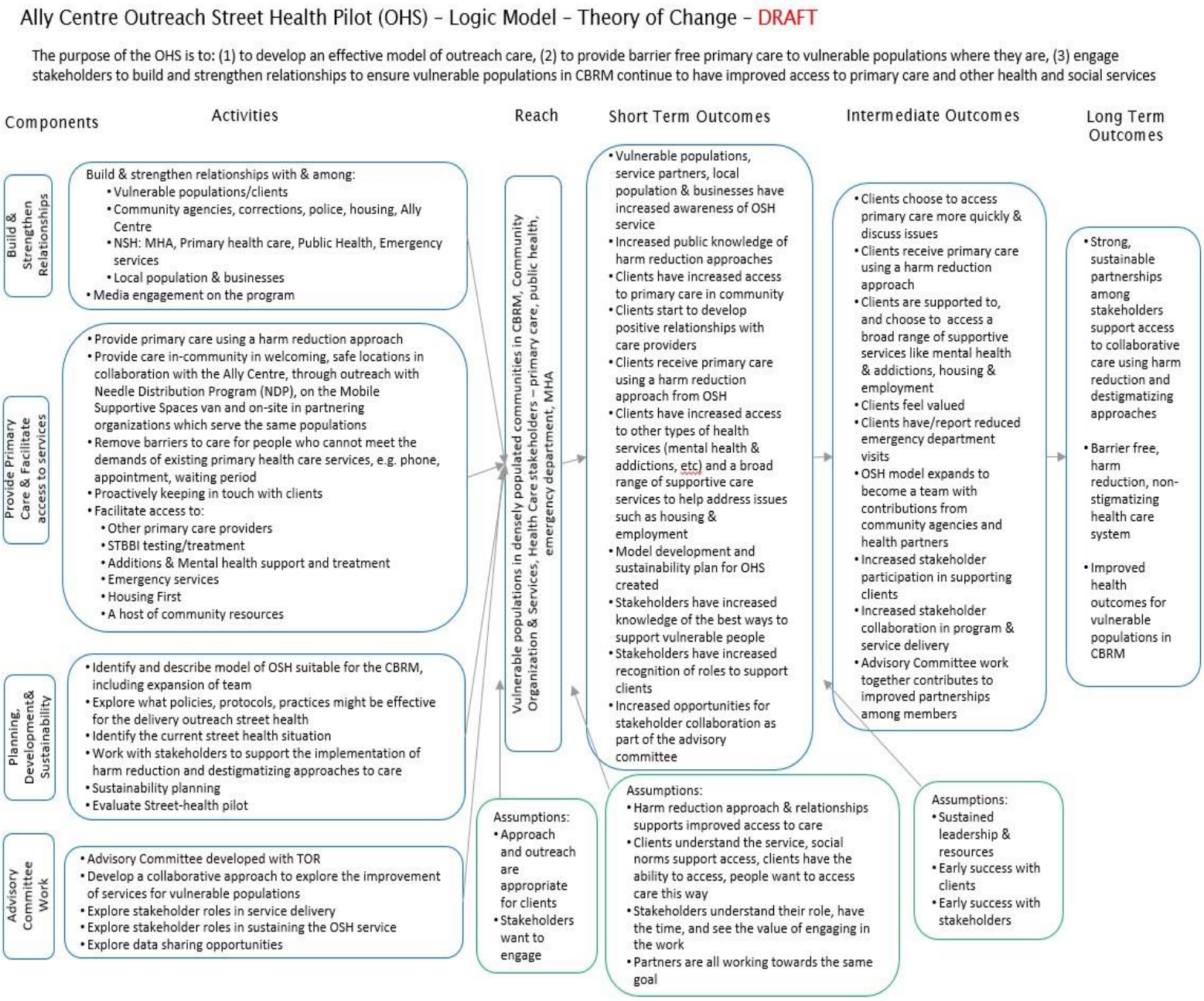
Appendix A: Full Logic Model. The pilot phase focused on activities falling under short-term outcomes.



Appendix B: *Chart below demonstrates how sections of this report provide the content that answers the questions outlined in the original evaluation framework*

Pillars/sections of evaluation framework	Evaluation question	Where to find evidence throughout report
Build & strengthen relationships	Were relationships built with & among: • Vulnerable populations/clients • Community agencies, corrections, police, housing, Ally Centre • NSH: MHA, Primary health care, Public Health, Emergency services • Local population & businesses	See awareness; benefits to local organizations; client feedback; future of program; collaborating with Ally; advisory.
	Was there media engagement about the program?	See awareness section of report
Provide primary care & facilitate access to services	Was primary care provided using a harm reduction approach?	See client experience chart; care type; harm reduction as care type; positive change stories; benefits to local organizations; street nurse traits
	Was care provided in-community in welcoming, safe locations in collaboration with the Ally Centre, through outreach with Needle Distribution Program (NDP), on the Mobile Supportive Spaces van and on-site in partnering organizations which serve the same populations?	See care spaces; benefits to local organizations; collaborating with Ally staff
	Were barriers removed for people who cannot meet the demands of existing primary health care services, e.g. phone, appointment, waiting period?	See client experience chart; street nurse accessibility and traits; client feedback; positive change stories; needs OSH addresses
	Were clients proactively kept in touch with?	See client feedback; street nurse accessibility, street nurse traits
	Was access facilitated to: • Other primary care providers • STBBI testing/treatment • Addictions & Mental health support and treatment • Emergency services • Housing First • Other community services and resources	See care type; care locations; referrals as care type; positive change stories; benefits to local organizations, collaborating with Ally staff/health staff
Planning, development & sustainability	Was an OSH model identified and described including expansion to a team?	See future of program
	Were policies, protocols & practices that might be effective identified?	See advisory section; obstacles and barriers, future of program; recommendations
	Was the current street heath situation assessed?	See Needs OSH addresses; stigma; client experience chart (*The 2017 local report – 'Those who need the Most' also serves as reference)
	Was there work with stakeholders to support the implementation of harm reduction and destigmatizing approaches to care?	See advisory section; collaborating with Ally staff/health staff; benefits to local organizations

	Was a sustainability plan developed?	See advisory; future of program
	To what extent was the pilot evaluated?	See Full report and methods section
Advisory committee work	Was a TOR developed with the Advisory Committee?	See advisory section
	Was there a collaborative approach to explore improvement of services for vulnerable populations developed?	See advisory section; collaborating with Ally staff; future of program
	Have stakeholders explored roles in service delivery?	See advisory; awareness; future of program
	Have stakeholders explored roles in sustaining the OSH service?	See advisory; future
	Were data sharing opportunities explored?	See advisory and obstacles for street nurse
Additional questions	Do stakeholders report that this service complements their work and allows for partnerships?	See benefits to local organizations; COVID specific benefits
	What are the opportunities for improvement in the OSH approach or service?	See advisory, obstacles for street nurse; future of program; recommendations
Short term outcome questions	Do vulnerable populations, service stakeholders, local population & businesses have increased awareness of OSH service?	See awareness
	Is there increased public knowledge of harm reduction approaches?	See harm reduction as care type; awareness; future of program; recommendations
	Do clients have increased access to primary care in community?	See client experience chart; street nurse accessibility; Ally as Host; client feedback; referrals as care type
	Have clients started to develop positive relationships with care providers?	See client experience chart; collaborating with Ally staff; referrals, positive change stories
	Do clients receive primary care using a harm reduction approach from OSH?	See harm reduction as care type; client experience chart; street nurse traits; Ally as Host; client feedback; positive change stories
	Do clients have increased referral/access to other types of health services (mental health & addictions, etc) and a broad range of supportive care services to help address issues such as housing & employment?	See Needs OSH addresses; client position chart; referrals; care spaces; future of program - partners
	Was an OSH model developed and sustainability plan created?	See advisory; future of program; recommendations
	Do stakeholders have increased knowledge of the best ways to support vulnerable people?	See stigma; advisory; recommendations
	Do stakeholders have increased recognition of roles to support clients?	See advisory; recommendations
	Are there increased opportunities for stakeholder collaboration as part of the advisory committee?	See advisory; recommendations