

Tips developed by community for  
health care providers!!



**StreetHealth**



# Caring for populations with complex health and social needs

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People who use drugs often experience stigma and discrimination when accessing health care services. Once drug use intersects with homelessness, and/or diverse gender identity such as transgendered or non-conforming identities, and/or diverse racialized communities, the stigma and discrimination is layered and intensified.

These tips are intended to inform health care providers of some of the experiences people have endured and to provide practical solutions that can help to resolve the cycle of stigma and discrimination that create negative health outcomes.

# Barriers to service for racialized people

Racialized describes the marginalization that's directed at people due to their race.


- I've been talked down to by health care providers
- I've experienced barriers because English is not my first language
- I don't see people in health care roles who look like me
- Health care providers don't have the knowledge on health concerns that affect different races
- Health care providers will assume I'm med seeking and dismiss genuine health concerns
- I've been sexualized by health care providers
- I won't disclose everything that's happening for me because they discriminate against me
- If I voice my concerns, I get labelled

## Barriers to service for Indigenous people

- Hospital staff hide hand sanitizer assuming I would drink it
- Hospital staff assuming I'm intoxicated
- Hospital security acting in an aggressive manner
- Health care providers assuming I'm med seeking
- My Status Card wasn't recognized as valid ID
- Health care providers assumed I was homeless
- Not being allowed to smudge in hospital



## Barriers to service for 2Spirit, Transgendered & Non-Conforming people

- Health care providers assuming or ignoring my identity
  - Health care providers not asking for preferred pronoun
  - Health care providers using my deadname - a given name that no longer has any use or meaning
  - Limited number of health care providers working with Trans, Non-binary and 2 Spirited people
  - Medicine has rigid perspectives, how is a male patient with ovarian cancer understood?
  - Health care providers confuse identity with sexual orientation
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## HOW TO BETTER SUPPORT INDIGENOUS PEOPLE IN HEALTHCARE

- Learn language that isn't centred in colonial and binary understandings
- Create an organizational culture that is informed
- Provide a diverse health care team
- Have Indigenous Elders available
- Have other roles for Indigenous people such as a patient advocate or a patient navigator
- Have Elders involved in advisory committees, boards and appoint Traditional knowledge Keepers to key organizational positions
- Develop campaigns to welcome Indigenous Peoples

# Considerations

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Ensure non-punitive approaches for missed appointments or late arrivals.

People are in a survival mode and may not have the transit fare to get to the

Appointment time may conflict with a food bank or meal program time, life can be chaotic, etc.

Avoid expensive treatments that patients may not be able to afford.

Be transparent about all possible solutions to find what works for them.

If possible, provide mobile services in the community to expand reach and make attending easier.

# CONSIDERATIONS

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Be aware that mixed race patients may have needs that aren't apparent

Don't assume people identities – ask them what their preferred pronoun and name is

Take a holistic approach

Work with the patient to understand how to treat them. They know their situation best and have the power to better themselves.

Respect the patient's boundaries; vulnerable populations may carry a lot of trauma and may keep to themselves to stay safe. Always let them know what you're doing and ask for consent.

Be curious about what's behind a behaviour verse judging it.

Building trusting relationships is the responsibility of the provider and it will garner much more meaningful information. If someone isn't accurately reporting their substance use they've likely had negative experiences and are trying to protect themselves.

Narrative approaches versus a "Q&A" style will help to build trust and gather a more complete history.





# Considerations

Make waiting rooms friendly and welcoming; ensure that all staff (receptionists, technicians, nurses, doctors) are skilled in working with folks who are homeless and/or using substances.

Minimize the level of stimulation in waiting areas as best you can; consider lighting, noise levels, proximity of seats, etc. Consider hiring a community member to be a greeter.

Have signs that let people know that Narcan is available

Have a welcoming statement and list what expectations patients can have, for example, being treated with respect, being listened to, not being judged

Have signs in waiting rooms that demonstrate the provider's commitment to diversity

Display Trans & 2S Pride Colours, posters and information

Display informational posters listing pronouns and identities

# CONSIDERATIONS

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- Always have the goal of wanting to make the person come back! Provide as much help as you can in one visit. Ensure non-punitive approaches for missed appointments or late arrivals.



# Building strong relationships



Recognize the patient as the expert of their situation. Consider that it may have taken everything the person in front of you had, to make the appointment. Engage senior management in organizational policy of cultural competency and cultural safety training and request that a standard of care is set for your setting.



All Staff should be trained in trauma-informed care, harm reduction philosophy, cultural safety and anti-oppressive practice – include security and reception, admin staff.



Educate staff on their power and privilege and the responsibility that comes with that, including the responsibility to advocate for their clients and respond when they hear discrimination in the workplace. Inform people of their rights inside the health centre. Try to see patients and clients as community members – a community you belong to



You may not be able to assess every patient. If the situation is too much to handle, refer them to someone who can handle the situation or bring in an understanding mediator. And be understanding that patient maybe not be in a good place emotionally but still need care

# SUMMARY OF TIPS:

- Be fluent in the needs of folks who are homeless and/or using substances; know community resources, do they have a support worker and if so, can this person assist with care plans and appointments? Understand poverty, be competent in substance use and dependency, harm reduction, mental health concerns, head injuries, FASD, developmental challenges, and trauma. Understand diversity, for example how racism affects health outcomes. This work really requires expertise and commitment to be done well. Be kind, caring, and compassionate. Remember to be non-judgemental and non-discriminatory





Questions?