A Winter Institute

Shelters and Public Health

final report

7th to 9th February 2023

www.nccid.ca | www.ccnmi.ca

National Collaborating Centre for Infectious Diseases

Centre de collaboration nationale des maladies infectieuses

Executive Summary

Hosted by the National Collaborating Centre for Infectious Diseases (NCCID), the Winter Institute brought together over 100 community experts, policy makers and public health personnel from Northern Alberta, Saskatchewan, Manitoba and Northwestern Ontario, to explore the potential for partnerships between shelters and public health.

NCCID designated this region for the project because this part of Canada is not represented widely in national literature around houselessness and because the region shares relevant characteristics, such as climate, geography and dispersed communities.

The event was held in Winnipeg and started at noon on Tuesday, February 7 and concluded at mid-day on Thursday, February 9, 2023. The event included plenary presentations, concurrent sessions and facilitated small group discussion groups to encourage information sharing, relationship building, and applying the presentations to participants' work contexts.

The agenda for the gathering was informed by the engagement process NCCID held over the fall months leading up to the Winter Institute (more below). Shelter leaders raised some key issues and themes to address, and these were reflected in plenary presentations for the whole group. The concurrent sessions were around more specific topics that came up during the consultations.

Participants brought high energy to the event; they were very engaged in discussion, in meeting others, and sharing information and working towards finding ways to better serve their communities. Given that the participants represented many different sectors and geographical locations and that many did not know each other beforehand, the buzz of conversation was notable during breaks and discussion groups.

Some of the key highlights:

- 100% of the participants indicated that this is the first time they have participated in a meeting like this, to discuss connections between public health and shelters.
- Public health could and should be "on the ground" more, spending more time in shelters and speaking with staff and directors to learn what is needed. At the same time, public health is not funded adequately, faces staffing shortages, and is often prioritized after acute health care units.
- Partnerships between shelters and public health do happen, often with results that have improved the health of people who use shelters, and we can learn from these examples. In particular, the response to the COVID-19 pandemic often led to increased connections and conversations between shelters and public health.
- Cross-sector and jurisdictional collaboration are essential to dismantle the "silos" of health and social services to better meet the needs of people who use shelters. Entrenched systemic inequities, stigma, discrimination and racism, and general health care shortages all contribute to barriers to care and shelters "stepping in" to provide care "on the frontlines".
- The demands and stress on shelter staff, who often work for low pay without benefits, to meet the needs of people who use shelters must be recognized and planning must take into consideration the wage disparities between shelter and public health staff.
- Participants reiterated the need for continued conversations and connections between shelter staff and leadership and public health policy makers and personnel. Some suggestions identified to move this process forward were to develop a regional network, with shelters and public health, as well as offer opportunities for the groups to meet separately, and platforms on which to share information and network.
- Culturally safe, trauma-informed and harm reduction-oriented health care are all foundational to create services that welcome people who use shelters and provide care rooted in respect, dignity and to dismantle systemic inequities and violence.

This report was prepared by Adina Lakser

Project #708

Art from "I'm Always Here" by Spencer Hanna-Haworth portrays people experiencing homelessness in Ottawa that began with outreach, grew into a visual journal, and ended with gallery portraits. The intention was to bridge the widening gap between the Civil Service and street classes in Ottawa, during twin health crises - viral and opioid

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Background

The role of the National Collaborating Centre for Infectious Diseases (NCCID) is to provide knowledge translation to support public health practitioners to find, understand, and use evidence and knowledge on infectious diseases. Population migration and mobility is a cross-cutting theme for our projects, recognizing that people and communities in Canada move from one place to another for many reasons including economic opportunities, health concerns or even disasters. This mobility affects how populations can find, use, and continue to receive healthcare and public health supports.

NCCID aims to provide public health with evidence that can be used to improve population health in the context of migration, mobility, and non-traditional public health sites. In doing this, we act as knowledge translators and brokers: amplifying the voices of people who have lived experience and/or who are working in these areas, so that their expertise can influence public health decision-making.

The Winter Institute is part of a multi-year project in which NCCID will be exploring opportunities for shelters as public health settings. The role of public health is not clear for highly mobile populations, including people who move between shelters. Research groups and organizational alliances have tried to address gaps, but minimal attention has been paid to infectious diseases among the resources available. The value and effects of public health programs and personnel, including appropriateness, potential harms, past challenges, current opportunities, and trust, are all important areas to be explored in this project.

Sustainable Development Goal 3 "aims to achieve universal health coverage, that seeks equitable access of healthcare services to all men and women. It proposes to end the preventable death of newborns, infants and children under five (child mortality) and end epidemics".5 SDG 3 has 13 targets and 28 indicators to measure progress toward targets. The first nine targets (3.1-3.9) are "outcome targets", and the remaining four (3a-3d) are "means to achieving" SDG 3.

See: https://www.who.int/europe/about-us/our-work/sustainable-development-goals/targets-of-sustainable-development-goal-3

NCCID approaches this work related to Shelters within the framework of the United Nations Sustainable Development Goal (SDG) 3: 2 To ensure healthy lives and promote well-being for all at all ages.

The 17 Sustainable Development Goals were ratified at the United Nations by all 192 member states in 2015 with the overall explicit aim to "leave no one behind". International ratification of the SDGs signifies member states' aspirations and commitment to collective action (i.e., worldwide) to improve the health, rights, and dignity of all the world's populations while at the same time sustaining our shared home, Earth.

Canada's federal website on its commitment to the Sustainable Development Goals encourages action on the SDGs in every institution.4 Canada's 2030 National Agenda Strategy notes the reconciliation with, by and for First Nations, Metis and Inuit peoples (Objective 4).

NCCID is basing all its work on shelters and public health – including the Winter Institute – with these principles in mind:

- Our primary interest is in the people who make use of shelters and the staff and volunteers who provide services
- Shelters may not wish to engage with public health. We take our lead from staff at shelters about where public health may be able to contribute.
- Public health personnel may already have good relationships in the community, and can share knowledge and practices with each other
- Activities will explicitly include learning from and working with First Nations, Métis and Inuit community experts and leaders
- Changing systems and structures (political, economic and governance) can be done to improve health equity for shelter clients, staff and volunteers.

The Shelters and Public Health Winter Institute was envisaged as a gathering of personnel from shelters (e.g., directors, volunteers) and public health (e.g., medical officers of health, public health nurses, public health program directors) to learn from each other. NCCID hoped that this gathering would stimulate new partnerships and generate ideas for how public health could formally consider populations that move in and out of shelters, and the role for public health in working towards culturally-appropriate and relevant programs and policies with shelter clients in mind.

Rapid scoping review

To learn more about partnerships between shelters and public health, NCCID worked with the National Collaborating Centre for Methods and Tools (NCCMT) in the summer of 2022 to prepare for a review of literature. NCCMT conducted a rapid scoping review to explore "What is known about the role of public health working with shelters serving people experiencing homelessness?" A rapid scoping review seeks to identify what studies are available but does not review or report on the quality of the research and other documents retrieved. As with NCCID's open approach to thinking about shelters, NCCMT used a broad definition of public health, and included studies around various topics, such as infectious disease prevention, that fall under the public health umbrella but may not have included participation from public health units or organizations.

Fifty-two studies that identify partnerships related to dental health, infectious diseases (COVID, sexually transmitted and blood borne infections, tuberculosis, other), mental health and substance use and health promotion were found in the review. The review findings highlighted the role of public health approaches such as prevention, screening and testing, health promotion and policy development. The partnerships in the literature ranged from "one offs" (such as recruiting research participants in a shelter) to long term, multi-partner collaborative projects.

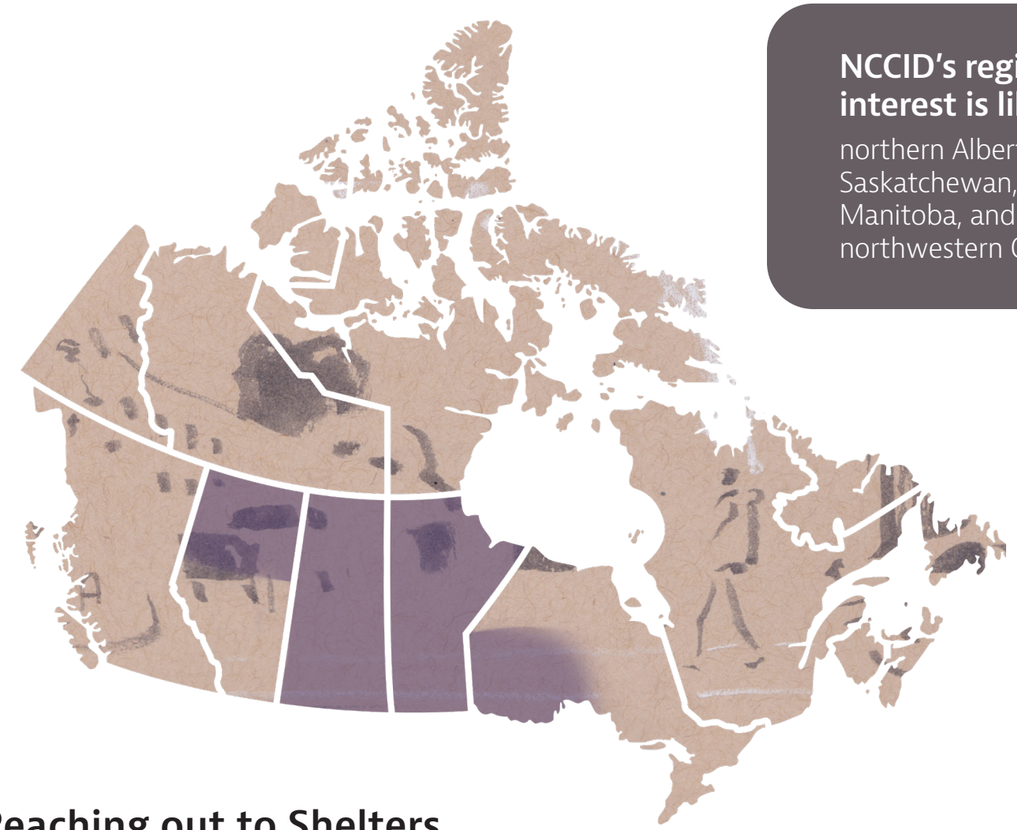
In their summary, the authors noted that none of the papers they reviewed took into consideration equity or the needs of specific populations. In particular, none of the studies explored the experiences of populations who live with social and structural inequities, such as Indigenous and racialized communities, or from a gender-based perspective.

The rapid scoping review provided part of the foundation to develop the Winter Institute, and re-affirmed NCCID's commitment to ground this project through an equity and anti-oppression approach.

NCCMT Rapid Review: https://www.nccmt.ca/rapid-evidence-service/48

Consultations

In the months prior to the Institute, NCCID developed a robust engagement process to connect with shelter leadership and public health personnel from Manitoba, Saskatchewan, Northern Alberta and Northwestern Ontario. NCCID designated this region for the project because this part of Canada is not represented widely in national literature around houselessness and because the region shares relevant characteristics, such as climate, geography and dispersed communities.



NCCID's region of interest is like a Z:

northern Alberta, Saskatchewan, Manitoba, and part of northwestern Ontario.

Reaching out to Shelters

In the summer of 2022, NCCID hired a Project Coordinator, Adina Lakser, and a consultant, Boivin Communications Group, to help develop the parameters and prepare for the Winter Institute. A key first step was to identify all shelters in the region and reach out to their leadership.

NCCID did not adopt any definition of shelters before the project began, recognizing that shelter staff and clients would help develop an appropriate definition if necessary. Initially, a data base of over 50 shelters and services in the region was collated. A pattern of four different types of shelters emerged, those for: homelessness, domestic violence, drop-in and transitional housing, and youth. Many organizations provide services that fall under more than one type.

Thirty-five organizations were selected to be contacted initially for early engagement, with consideration to having representation from the whole region, from Northern and rural communities, from Indigenous-led organizations and from different types of shelters. After preliminary telephone calls, an email was sent out to shelter leaders with an invitation to attend a virtual panel discussion to discuss the project, to ask if working with public health was of interest to them and to hear about their experiences.

NCCID and Boivin Communications hosted six online panel discussions and two online one-on-one discussions with shelter leadership from the region. The panel discussions were organized by shelter type: two domestic violence shelter panel discussions, two drop-in and transitional housing panel discussions, one homeless shelter panel discussion and one for youth-serving shelters. Of the 35 initially contacted, 20 shelter leaders participated in the discussion groups.

The purpose of the engagement with shelter leadership was to connect with and to centre this project around the needs of shelters, to gauge interest in the Winter Institute, identify key areas of interest and concern, and to inform the content of the programming for the Institute agenda. As well, the team intended to create a welcoming and safe environment for shelter leaders to meet with and learn from colleagues in other regions and to share insights and perspectives with one another. With this in mind, the panel discussions were kept small (no more than six participants). Elders Leslie Spillett and Audrey Richard led an opening prayer and provided support during every session.

The meetings followed a semi-structured format. After a round of introductions, Adina Lakser gave a short overview of NCCID and the project on shelters, emphasizing that NCCID had no expectations that bringing shelter staff together with public health was of interest to the participants. The facilitators then guided participants through a number of questions:

1. Do you and your organization currently have any connections to public health? Can you tell us a little more about that?

2. Which health issues do you feel are the most pressing for shelter clients? What are you seeing in your shelter? What is currently being done in terms of prevention, treatment and support?

3. What recommendations might you have (e.g. supports, resources) for public health and shelter staff to work together?

4. Acknowledging the disproportionately high rates of Indigenous people utilizing shelters or shelter services, what recommendations do you have to ensure culturally safe and appropriate programs that can improve health outcomes for shelter clients?

5. What topics are missing from this discussion?

Public Health

Concurrently, Adina engaged with public health personnel from the same geographical region. Starting with contacts in NCCID's networks, this "snowballed" as those she contacted suggested other colleagues to speak with. In the end, 17 public health personnel from the region, including medical officers of health, program managers, and public health practitioners, contributed their knowledge. These discussions were more informal conversations and the questions asked were similar in nature to those asked of shelter leadership.

The conversations with shelter leaders and public health confirmed that there was a genuine interest and a need for a gathering such as the Winter Institute. Shelters have been providing health care, both formally and informally, to their clients, and while there are examples of successful partnerships, more collaboration and connection would be helpful to address the public health needs of those who use shelters. The information shared was used to shape the final objectives and the agenda for the Winter Institute.

Winter Institute

The objectives of the Winter Institute were to:

1. Explore the possibilities of partnerships between shelters and public health

2. Learn about building successful, respectful partnerships

3. Understand some of the public health and healthcare needs of shelter clients

4. Spark discussions on essential elements for collaborations that can improve the health of shelter clients

The Institute agenda and all presentations are available on-line and can be found at https://nccid.ca/shelters-and-public-health/

Participants

One hundred fourteen people registered for the event, including leaders and staff from shelters, public health practitioners, medical officers of health, program managers and directors from regional health authorities and government, staff from community health organizations and community groups from the designated region (Northern Alberta, Saskatchewan, Manitoba and Northwestern Ontario). As well, staff from the NCCID and the other five National Collaborating Centres for Public Health attended.

It is important to note that for this gathering, people who use shelters were not in attendance. One of the key reasons for this decision was that at this point the project is not only exploring the health needs of people who use shelters, but how these two systems can better work together. Given the focus and objectives of the Institute, the team will be ensuring there is meaningful participation of people who use shelters. This was echoed by Institute participants who also suggested including people with lived experience as a next step. NCCID will partner with shelters and community organizations to explore how best to facilitate and support those connections.

Day One, February 7, 2023

The theme for Day One was "Setting the Context", to provide some background and context to why we are exploring partnerships between shelters and public health.

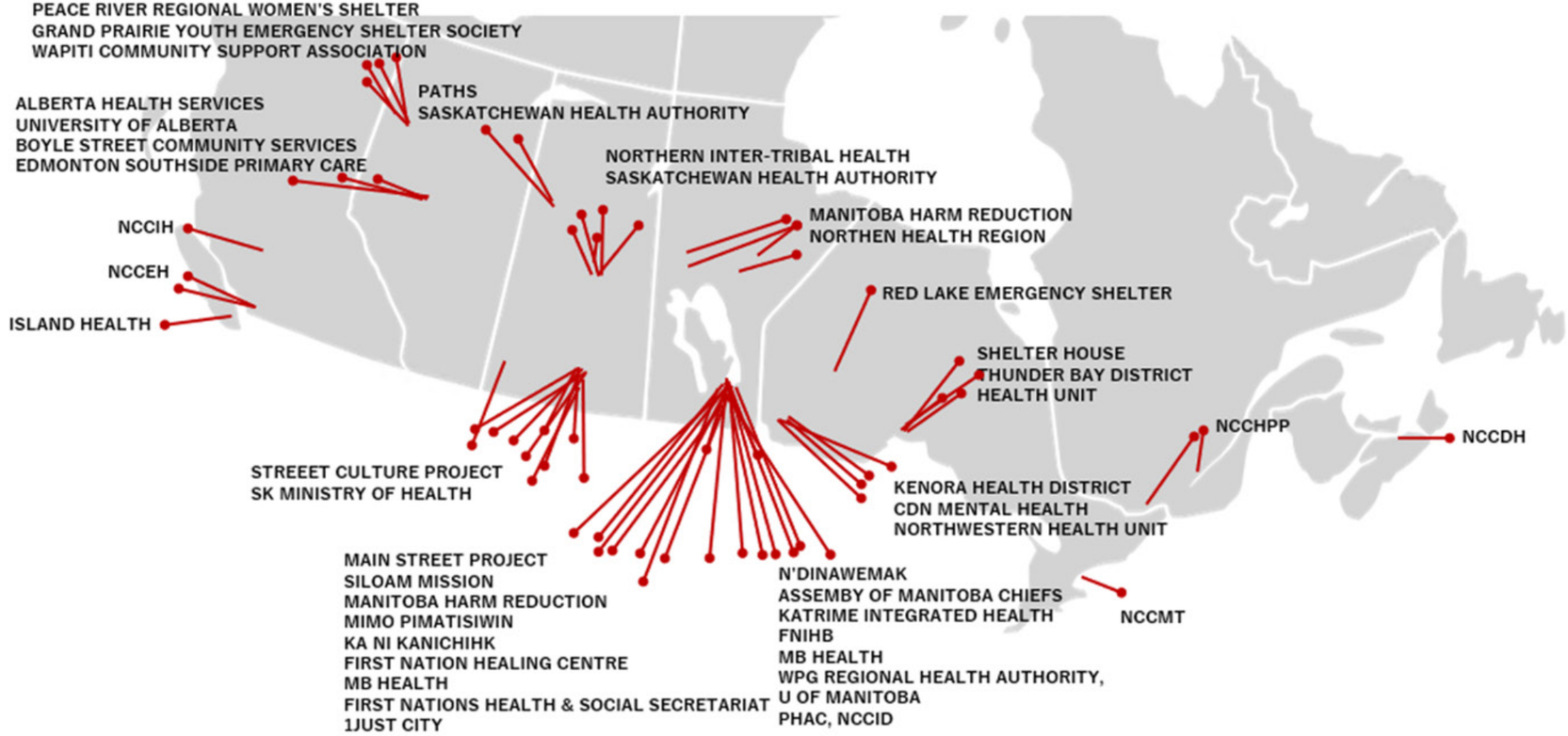
The day began with lunch followed by opening remarks. Elders Leslie Spillett and Audrey Richard started the event off in a good way. Leslie challenged the audience to invoke both passion and rage in this work and these discussions and to stand up for people in calling out the structures that were designed to create houselessness. Audrey provided a prayer and encouraged us to think of every person as a newborn baby with so much potential.

Yoav Keynan, Scientific Director of NCCID, welcomed participants to the event. He explained the context of the shelters and public health project, and why NCCID is situated to engage in this work.

He provided the background to the project and the overall objectives for the three days together. He also discussed the reasons why it is valuable for public health to think about migration and movement of people and communities. Using a settings approach, shelters can be thought of as places for change to take place.

A quick vote at the start of the Winter Institute showed that for 100% of the participants this was the first time they had participated in a meeting like this, to discuss connections between public health and shelters.

Winter Institute Attendees



Plenary Presentations

Adina Lakser, Project Coordinator at NCCID, and Jamil Mahmoud, Executive Director of Main Street Project, presented the first plenary session, Why Shelters as Public Health Sites? Adina summarized the engagement process with the shelter leadership and shared some highlights and quotes from shelter leaders from the panel discussions. She noted the ways shelters are already providing health care and system navigation, and concluded that the answer to the question "why shelters as public health sites?" is "because they are already doing the work".

Jamil shared about Main Street Project's role in the community and explained that they have more access to funds and health care support since they are considered a community health clinic. However, there are still many gaps to address including wound care, primary care and medically supported transitional housing. He also spoke of the success of the pop-up clinics and COVID 19 vaccine outreach as an example of "healthcare on the side of the road".

Claire Betker, Scientific Director of National Collaborating Centre for Determinants of Health, then presented the second plenary session, Primary Health Care: Shelters, Public Health and Primary Care. She defined and developed the concept of "equity-based health care" and outlined the interface between primary care and public health care and how the two could work together more to provide equitable health care for all.

The first day's plenaries concluded with Marcie Wood, Executive Director of Willow Place, a domestic violence shelter in Winnipeg and Meghan Thompson, front line worker at Sunrise House, a youth serving shelter in Grande Prairie, presenting about building relationships between shelters and public health.

Marcie described the challenges women and gender diverse people who have experienced violence have in finding safe health care and how Willow Place has connected with public health and two local community health clinics to provide on-site public and primary health care for participants. She also identified what has helped to develop these relationships, in particular a shared approach to care, and some of the challenges, including having to secure funding to build and care for a clinical treatment room.

Meghan named the challenges youth, especially youth without family support, face in navigating health care. She also outlined how Sunrise House also provides services for youth who are not using the shelter services and how this model has been formalized with Sunrise House being developed as a "youth hub" for the community.

Scan to visit: nccid.ca/shelters-and-public-health

Small Group Discussion

After the afternoon plenaries, participants divided into small groups for tabletop discussion groups with a facilitator and notetaker. The discussion questions for the groups were about how the afternoon presentations related to their work and environments, what they experience in terms of client's needs and gaps in health care, and if any of the points raised about partnership could be applied in their settings.

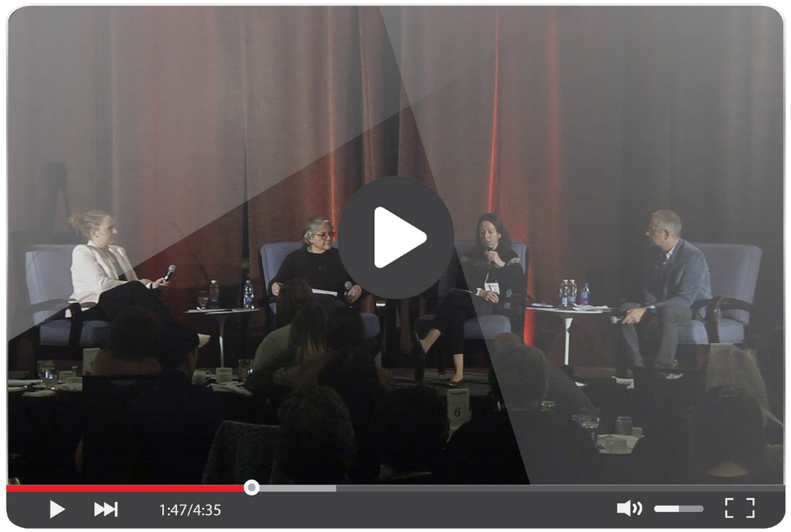
A brief report back reflected some of the multi-level explorations that happened in the groups and points raised included:

- big picture issues like "housing as healthcare"
- frustrations with the limitations imposed by the "silos" of health and social service care
- staffing needs in shelters
- connecting people who use shelters with primary care that "meets them where they are at"
- the COVID response offered a "taste" of partnership
- there are tangible steps that can be taken to ensure public health is "on the ground" more to care for clients and provide meaningful support to staff.

Fireside Chat

The evening session included dinner and a Fireside Chat, a dynamic conversation between Maureen Dobbins, Scientific Director at the National Collaborating Centre for Methods and Tools (NCCMT), Sandra Allison, Medical Officer of Health for Island Health in BC (but worked for many years in Manitoba), and Tessa Blaikie Whitecloud, CEO of Siloam Mission in Winnipeg. The conversation was moderated by Yoav Keynan.

Over the course of the conversation, the guests discussed a number of areas where shelters and public health can connect. Maureen summarized the rapid scoping review NCCMT undertook to explore the connections between public health and discussed what wassurprising and what was missing, namely literature regarding specific populations. Sandra highlighted the role public health could have in policy development, in particular in houselessness prevention on a community and municipal level. Tessa spoke about the ongoing gaps in health care people who use shelters experience, including foot care and "above the neck" care (dental, vision and mental health) and how not having these needs met can further stigmatize people. She ended the chat with a reminder that every person using is a shelter deserves love, respect and compassion.



Scan to watch the Fireside Chat on YouTube

The Fireside Chat included discussion on how public health could play a role in preventing houselessness such as advocating for policies to reduce and delay evictions.

Day Two, February 8, 2023

The theme of Day Two was "Learning Together" and consisted of two plenary sessions and two opportunities for concurrent sessions.

Plenary Session

The morning's first plenary, Cultural Safety: Thinking of Clients, Shelters and Public Health was led by Laverne Gervais, Program Manager of the Mino Pimatisiwin Sexual Health Healing Lodge at Ka Ni Kanichihk, Inc., in Winnipeg and Jesse Thunderchild, Indigenous Experience Director at Street Culture Project in Regina.

Laverne explained cultural safety as a response to the violence many Indigenous people and communities face when accessing health care services. She highlighted how Sexual Healing Lodge operates to ensure safe and culturally grounded health care, how they incorporate cultural health and healing, and the challenges a community-based organization faces in providing clinical and medical care.

Jesse spoke of his own experiences growing up of racism, violence and discrimination and how these experiences inform his work with Indigenous youth. As well, he called on the audience to see cultural safety as more than "part of your job" but as a "way to live" and provided examples of meeting youth where they are at in a culturally safe manner.

Concurrent Sessions

During the remainder of the morning, participants were provided with three choices for concurrent sessions:

Infectious Diseases Prevention in Shelters: Donna Stanley, Infectious Disease Manager with the Northwestern Health Unit, facilitated a presentation and small group discussion. She identified the risk factors and chains of transmission that contribute to infectious diseases and asked the audience to explore current and "wish list" prevention strategies available in their own work contexts.

With Child, Without Stigma: Building Trust with Pregnant Women who Experience Homelessness Lesley Spry-Shandro, Team Leader of Pregnancy Pathways program in Edmonton, described how the program provides supports to pregnant women who experience houselessness, the stigma and discrimination they may face and how to create a more trusting environment for care.

What's in the Air: Indoor Air Quality in Shelters: Sarah Henderson, Scientific Director of the National Collaborating Centre for Environmental Health, explored air quality considerations and the health of people who use shelters. She explained factors that affect indoor air quality, including temperature and moisture, and provided participants with some "lower threshold" next steps including learning more about their "building envelope" and monitoring carbon dioxide levels.

Plenary Sessions

The group came together for the afternoon plenaries after lunch. Nnamdi Nbuduka, Medical Officer of Health for the Northern Inter-Tribal Health Authority in Prince Albert, presented on Helping Clients Navigate Health Systems. Nnamdi validated the challenges many if not most people face in navigating health systems and focused on the more specific barriers people who use shelters may face. He used examples of HIV and tuberculosis (TB) care to highlight how a number of different health systems and services intersect in care and reinforced the need for multisectoral collaboration.

Tia Maatta, Knowledge Translation Specialist at the National Collaborating Centre for Determinants of Health, Marliss Taylor, Director of Health at Streetworks in Edmonton, and Jamil Mahmoud, Executive Director of Main Street Project in Winnipeg presented about Harm Reduction Strategies: What's Working?

Tia started off by grounding the discussion in the "substance use health" model of care which acknowledges and seeks to dismantle the racism inherent in drug policies and policing and highlighted some innovative programming examples in Canada to "meet people where they are at". Marliss described how programming at Streetworks is offered from a harm reduction perspective and discussed the impact the recovery orientation of government policies have had on overdose deaths and drug poisonings in Edmonton.

As well, she explained the specific needs of women who use drugs. Jamil explained how Main Street Project (and all shelters) are on the "frontlines" of the toxic drug supply and overdose crisis and how staff have been trained to respond. As well, he emphasized peer led initiatives, including outreach and education, as successful initiatives to address the health needs of people who use drugs.

Discussion

Following the afternoon plenaries, once again participants split into facilitated tabletop discussion groups. Some of the key issues that were brought up in these discussions included:

- lack of legislation and policies to support harm reduction
- the fragmented health care system, stigma and discrimination people who use drugs and/or are houseless face in the system
- staff burnout and turnover (in shelters, health care and community organizations),
- cumbersome and confusing referral systems
- lack of mobile and outreach services
- many and increasing overdose deaths occurring in shelters
- successful collaborations were highlighted, such as with "like-minded" organizations including community-based organizations (like Friendship Centres) and health events that include peer-to-peer information sharing.

Concurrent Sessions

The afternoon ended with a choice of three concurrent sessions:

Tuberculosis and Shelters: Ryan Cooper from Alberta Health Services in Edmonton, provided an overview of TB in Canada, including some rates, factors of TB transmission and challenges faced in diagnosis. He went into more detail about the outbreak in Fort McMurray in Alberta and how public health and shelters worked together to address the outbreak and create opportunities to prevent further outbreaks.

Just About Us: Why Pets are Shelter Clients Too: Judy Hodge, public health veterinarian with Katrime Integrated Health, explained the importance of pets to people who face houselessness, the stigma and shaming they may face in having pets on the street, and the opportunities for trust building through pet care. As well, she suggested some routes to navigate pet care for shelter clients.

Infectious Endocarditis among People Who Experience Homelessness: Yoav Keynan, NCCID and Infectious Diseases Specialist, described how infectious endocarditis is transmitted, the connection to substance use and to unstable housing, the challenges to diagnosis and treatment and its potential fatality. As well, he led a discussion around harm reduction initiatives to improve outcomes and how to support people through the long antimicrobial treatment process.

Day Three, February 9, 2023

The theme of Day 3 was "Where do We Go from Here?" with opportunities for discussions, brainstorming and identifying possible next steps for connecting public health and shelters.

The morning began with NCCID providing a summary of what was learned and discussed over the previous two days. Then the group was split back into tabletop discussion groups to talk about what had resonated from the event's presentations and discussions and where they could imagine the partnerships looking like in three years and what might be needed to get there.

After the first round of discussion, participants were invited to walk around the room, where flipchart paper had been put up to identify some possible next steps. The flipchart papers had some themes/ideas listed such as "policies", "introductions", "partnerships", "new research" and "training" as well as a few papers with "other" listed to encourage guests to share their own ideas. The full list of suggestions generated is in the Appendix as Idea Lab.

Then the groups went into the final discussion to continue to explore possible pathways to partnerships and collaboration, what additional skills and knowledge might be needed, what obstacles might be anticipated and what might be some immediate first next steps.

The event ended with some feedback from participants, starting with shelter staff, about the event and the idea of partnerships with public health. Participants expressed appreciation for the event and for the opportunity to connect with colleagues and with other sectors and how they recognize that this is only the beginning; these connections and conversations need to continue.

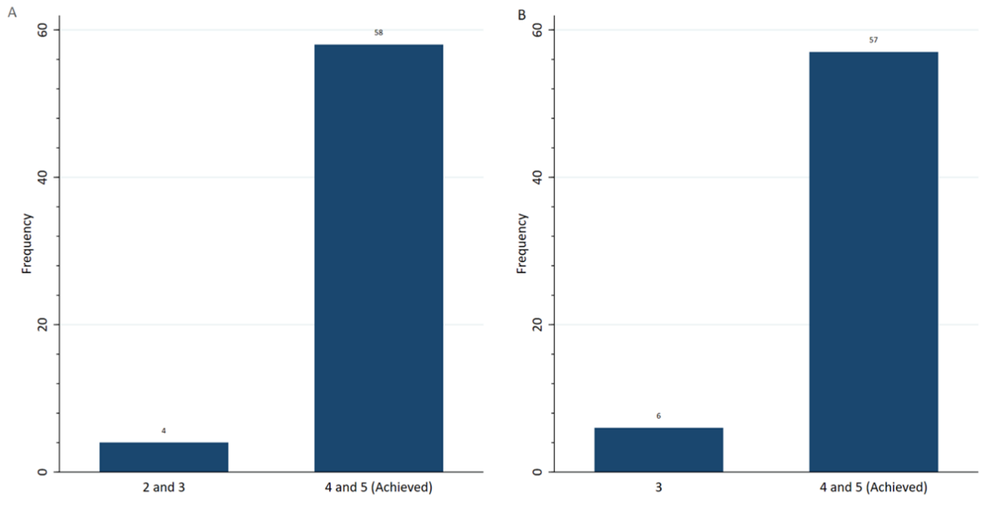
Final Words

Elder Leslie Spillett ended the event in a good way by reminding us, as Dr Martin Luther King Jr, stated that "the arc of moral universe is long but it bends towards justice" and that we all have a role to play in pulling that arc towards justice. She honoured the participants for their commitment to work towards health equity for communities who face housing injustices.

Evaluation

Of the 114 registered participants, 63 completed and submitted an event evaluation form. Overall, the responses indicated that participants felt the Institute met its objectives and provided meaningful and helpful information and opportunities to connect.

The form included 4 statements (related to the meeting objectives) to assess on Likert scale from a 1 (no meaningful progress) to a 5 (achieved). 94% of respondents indicated a 4 or 5 to "I learned something valuable to contribute to building stronger relationships between shelters and public health", 94% indicated a 4 or 5 to "I had opportunities to contribute to discussions between shelters and public health", 97% indicated a 4 or 5 to "I have a better understanding of some of the public health and healthcare needs of shelter clients" and 92% indicated a 4 or 5 to "I had an opportunity to contribute to discussions on collaborations that can improve health and other factors for shelter clients".



Participant responses to:

A: I learned something valuable to contribute to building stronger relationships between shelters and public health

B: I had opportunities to contribute to discussions between shelters and public health

As well, the form included three short answer questions including what was valuable or worked well, what could have worked better and what do you expect to bring back from the meeting. Respondents provided some feedback on the sessions and general outline of the meeting and overall indicated that the meeting was worthwhile to attend. In fact, some indicated that the event was helpful for overall morale and energy such as, Thank you for this amazing opportunity to participate! It has filled "my cup" and [this event contributed to] renewed drive and compassion to maintain/bolster both my own motivation and my co-workers' motivation.

Some aspects that participants appreciated about the event included the intersectoral collaboration, passion for equity, All the great ideas, the good mix of people, and Hearing authentic conversations which included challenges and failings YET wasn't a deficit-focused conversation overall. As well, responses indicated that participants found the information shared useful such as [the event helped me to have] a better understanding of both roles and terms in the public health system and All of the knowledge about the ways to meet client care, the hope of this work, the love and care we need to incorporate.

Conclusion

The Winter Institute highlighted the role shelters have played in addressing the public and primary health care needs of people who use their services, the role of public health to support and alleviate some of the pressures on shelter staff and leadership, and the need for continued conversations and connections between shelters and public health (and other sectors).

To reflect back on the objectives of the Institute, some of the essential elements of building respectful and successful collaborations articulated through the event include: recognizing the role, both in a formal and informal capacity, shelters are playing health service delivery; understanding the impediments to care that people who use shelters experience in finding appropriate and timely health care; acknowledging the discrepancy in funding (both for operations and staff salaries) between shelters and public health; exploring and perhaps expanding the role public health can play at and for people who use shelters; building upon what has already been done and what was developed (and impeded) during the COVID 19 pandemic; and grounding all partnerships in a shared vision for cultural safety, harm reduction and trauma-informed approaches to care.

NCCID's initial question was whether there was interest in shelters and public health working together. Although there is much work to be done in terms of continuing to promote effective and mutual collaborations, the enthusiasm and engagement of those who attended the Winter Institute speaks to the great potential of this work and a commitment to keeping the momentum going.

Some of the Key Highlights:

- 100% of the participants indicated that this is the first time they have participated in a meeting like this, to discuss connections between public health and shelters.

- Public health could and should be "on the ground" more, spending more time in shelters and speaking with staff and directors to learn what is needed. At the same time, public health is not funded adequately, faces staffing shortages, and is often prioritized after acute health care units.

- Partnerships between shelters and public health do happen, often with results that have improved the health of people who use shelters, and we can learn from these examples. In particular, the response to the COVID-19 pandemic often led to increased connections and conversations between shelters and public health.

- Cross-sector and jurisdictional collaboration are essential to dismantle the "silos" of health and social services to better meet the needs of people who use shelters. Entrenched systemic inequities, stigma, discrimination and racism, and general health care shortages all contribute to barriers to care and shelters "stepping in" to provide care "on the frontlines".

- The demands and stress on shelter staff, who often work for low pay without benefits, to meet the needs of people who use shelters must be recognized and planning must take into consideration the wage disparities between shelter and public health staff.

- Participants reiterated the need for continued conversations and connections between shelter staff and leadership and public health policy makers and personnel. Some suggestions identified to move this process forward were to develop a regional network, with shelters and public health, as well as offer opportunities for the groups to meet separately, and platforms on which to share information and network.

- Culturally safe, trauma-informed and harm reduction-oriented health care are all foundational to create services that welcome people who use shelters and provide care rooted in respect, dignity and to dismantle systemic inequities and violence.

The enthusiasm and engagement of those who attended the Winter Institute speaks to the great potential of this work.

NCCID is committed to keeping the momentum going.