Approaching Social Determinants of Health (SDOH) in Practice: Becky Marval and Jac Atkinson from the Mobile Outreach Street Health Team (MOSH)

The following transcript is from a presentation delivered by Becky Marval and Jac Atkinson at the June 2022 Grand Rounds of the academic year for Dalhousie Family Medicine. In this session, our speakers delve into the critical topic of approaching social determinants of health in practice.

They share their extensive experience and innovative approaches from their work with the Mobile Outreach Street Health (MOSH) team. This transcript captures their insights and practical strategies for integrating social determinants into healthcare delivery, making it an essential read for healthcare providers seeking to enhance patient care through a holistic and inclusive approach.

[0:00] Becky Marval: "Okay, it's eight o'clock, so we will begin. And that's the little boys telling us it's time. So, welcome everybody. This is our final Grand Rounds, Dalhousie Family Medicine Grand Rounds of the academic year. We'll be taking a two-month break in July and August and coming back in September."

[0:20] "And I invite everyone to feel free to send us along topics or even themes for next year because we're working right now on coming up with next year's presentations and speakers. So yeah, please feel free to put it in the chat or to send it along to me at [email]. So yeah, please send us your ideas."

[0:39] "So we'll begin with our land acknowledgment. We acknowledge that we are in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people. This territory is covered by the Treaties of Peace and Friendship with Mi'kmaq peoples. These treaties did not deal with the surrender of lands and resources but in fact recognized the rules that were to be ongoing relationships between nations."

[1:13] "We also recognize the histories, contributions, and legacies of the African Nova Scotian people who have been here for over 400 years. So this morning's presentation is

from the Mobile Outreach Street Health Team, and they're going to be talking to us about approaching social determinants of health in practice."

[1:37] "Just a little bit about our presenters: Becky Marval is the lead at the MOSH program. She's an occupational therapist, having graduated in 2007 from Dalhousie School of Occupational Therapy, where she is an adjunct professor."

[1:48] "She trailblazed as one of the first occupational therapists in homelessness starting shortly after her graduation in 2009 when the MOSH team was first established. She has dedicated her time at MOSH to learning from clients, colleagues, and community to address health, function, and quality of life through direct care, community development, and system-level change."

[2:08] "Jack Atkinson is a nurse practitioner. She graduated from Athabasca University in 2016. Approximately eight years ago, she started a community-based hepatitis C treatment and support program with Dr. John Fraser and she was one of the first community prescribers for HCV medication in Atlantic Canada."

[2:27] "Jack and her team at MOSH strive to provide effective primary health care for people living on the margins of society – the homeless, the street-involved, folks involved in addictions, and sex work. Jack and the small but mighty MOSH team work closely with community agencies to deliver care where the client needs it, and it is the client's priorities that lead that care plan."

[2:53] "So I'll ask you to please unmute your speakers and give Jack and Becky a very warm welcome."

[3:18] Becky Marval: "Thank you, Karen, and thank you, everyone, for joining us this morning. We're going to be discussing how we might approach social determinants of health in practice, looking at what we're doing at MOSH but also maybe providing some food for thought for how you might incorporate some of the MOSH flavor into your own work."

[3:38] "The plan is that we'll discuss a little bit around the social determinants of health. We'll move through that a little bit more quickly so that we have time to talk about some approaches or tools for your practice, maybe troubleshoot some hang-ups, and have some discussion. You can ask questions throughout in the chat or you can unmute if you would like, and at the end hopefully we can have a good dialogue."

[3:54] "And finally, we have some resources for you to take away. So first, if you don't know much about MOSH or Mobile Outreach Street Health, it's a program of the North End Community Health Center. We were established in 2009 as part of a community-driven initiative among some healthcare providers, our founder Patti Melanson, a very special nurse, and some of the community agencies like Mainline. They were really seeing a gap in healthcare for people who were homeless and street-involved."

[4:19] "Over the years, we've added to it. We have nurses, a nurse practitioner, physicians, occupational therapy, and a health case manager. You'll hear more about our approach as we go on and how we do the work, but we have scheduled outreach visits at numerous partner agencies and have developed a clinic presence as well at the North End Clinic where people come for their primary health care."

[4:39] "Over the years, we've also been an incubator for healthcare innovation. In 2015 we expanded to have Housing First, one of the first kinds of Housing First pieces in our neck of the woods in Atlantic Canada. And now they are their own program. We also recently, during the pandemic, incubated a managed alcohol program, one of the first scatter-site programs in the country, which again has branched off and become its own program at the North End Community Health Center."

[4:57] "We're currently working on some pilots that we hope to be able to expand into sustainable services related to prison health or transitional health when folks are leaving prison and jail, as well as a safe supply program that we're hoping to pilot in the upcoming months."

[5:22] "So first, perhaps it's worth taking a moment to recognize why we as health providers need to figure out how to approach social determinants of health. And of course, the

answer to that is that healthcare really is a small portion of what constitutes health for folks. It's estimated about 25 percent of the outcomes of someone's health is their healthcare, with the rest being their life circumstances or the social determinants of health."

[5:45] "Many of you would have seen this before as well, that although we're becoming more conscious of social inequity, I think we continue to see these inequalities persist. For example, the life expectancy of people who are homeless is still half of that of folks who are not homeless in Canada. And I think partly this is because our institutions, including healthcare systems, often still reflect this equality scenario where we're offering the same service to everyone and expecting that they might all be able to benefit from it in the similar way."

[6:22] "And when we know that's not true because of the diversity of the people that we serve, we never or almost never achieve liberation as a system, as a healthcare system, or any other system. And so these health inequities persist. So, as I said, I'm going to ask a bunch of hypothetical questions to keep moving through but please, if you can, put in the chat as you reflect, that would be welcome. Could you consider where your practice is perhaps on this continuum?"

[6:48] "Okay, so now I'm going to just go through a few of these social determinants of health and how that shows up in in your practice at times. Many people who experience health inequality are also experiencing poverty. What could this look like in practice? Please again, use the chat in terms of like how does this show up as I speak a little bit more about it."

[7:08] "One consideration is around employment and unsanctioned work. Because folks have so little income, and they may have so many barriers to work, we can often see people doing employment that has conditions of a lack of control or choice. And that has implications on their health in itself but also in terms of accessing healthcare services. It's a luxury for many people to be able to take time off work to go to an appointment during work hours."

[7:32] "There also can be a lot of unsanctioned work. At MOSH, we see this very frequently in terms of whether it's dealing drugs, sex work, bottling, and so on and so forth, under-the-table work that carries sometimes more risk and certainly is stigmatized, and can impact people's health for sure and is worth being open about and supportive about."

[7:55] "Also, if people aren't able to work or aren't working, then there's another piece related to control again and choice, which is that they become more and more dependent on institutions that are quite formal and rigid and restrictive. And that again can have health consequences in itself in terms of not having agency in one's life."

[8:10] "That's one issue. And then of course, you'll see on the next slide that people are still living in poverty when they're using these resources. So, I'll give you a little glimpse into that next."

[8:25] "So just a quick look here at some of income assistance programs and rates so that you can get a sense of what you might take away from the slide is that people on income support are still living in poverty. And that they may need to supplement their income. As health providers, we can actually help out in this way through, where possible, advocating or raising awareness around these issues at a systems or public level."

[8:45] "So using your privilege and leveraging that, but even on a person-to-person level if someone's coming through your door, MOSH is very much an advocate of income prescribing because we know people need more money in order to live decently and have any improvement in their health. So we will certainly be making sure that we've maximized their opportunities to receive income support through special diet, phone, transportation, any opportunity that we have to help making sure people can have adequate income, we are fully in support of that."

[9:15] "And Becky, I'm just going to jump in, sorry, I'm the hype girl I just jump in and help her out, but with regards to this, also remember that they're only allowed to earn a certain amount of money so they're kind of capped at being in poverty. And then they do some workarounds that are quote-unquote illegal to make ends meet or kind of drive some

behavior that's not helpful. And so it is helpful to remember when they're making some income to help them navigate that a little bit, not illegally but just how to do it strategically."

[9:55] "The other thing is, you know, you can get your GST and child benefit but only if you do your taxes and doing your taxes is really challenging when you're living in chaos or you don't have a computer or you don't know how to do it or you have different priorities. There are agencies and places in the community that help do taxes and so I understand as physicians that's not your role but it is helpful to just ask the question, have you done your taxes because did you know you can get quite a bit of money if you do your taxes and here's where you should go. Thanks, Beck, no really good and jump in all the time."

[10:40] "Jack, maybe you can put into the chat box where the places are for taxes while I carry on if you don't mind and if you still remember, Jack's been on a rental leave and so she's been doing a different job for the last number of months so I think this is always changing but one main place that always knows where to do it and does it well is Mainline needle exchange has a few people that do the taxes I'll put it in there but also they will know the current places of where to do it often churches have a few people that are just kind folks that do it so that's a good place to reach out to churches and then Brunswick Street Mission often has some places so yes exactly and someone hasn't done it for eight years and then all of a sudden they get this land full of money right you you and also you can't when someone turns into a senior they need to have their taxes done for medical MSI because they switch out of when you're on income assistance it doesn't matter if you don't do your taxes you'll get your money anyway and you'll get your medication coverage but when you turn into a senior here you have to have that done so we have a lot of patients that don't have their meds covered because they haven't done taxes."

[11:30] "Anyway, yes and another like tangent off of that tangent is when people then have a landfall of money that can also be like destabilizing for some people who are already maybe struggling with addiction in a kind of almost a life-threatening way that can be quite destabilizing at times too so it is probably better in many ways for folks to have a steady stream of income rather than fits and starts."

[11:50] "Okay, another piece beyond poverty and related to poverty is housing. Just to give you a sense, a recent article was indicating that the monthly cost for a one-bedroom

apartment has gone up at least 20 percent in the recent past and is closer to around $1,400 to $1,500 a month. And when you think back to that last slide at what people are making, which is like $800 to $1,000 a month, you can see where there is going to become an issue in homelessness."

[12:20] "Furthermore, during the pandemic, we've seen due to public health measures that the shelter capacity had dropped to 50 percent. And there's a very high lack of availability of housing basically, in terms of there being a 1 percent vacancy rate only. And so there's just such competition that it's quite hard for folks, who often are stigmatized, to compete in that market."

[12:45] "So you'll see the numbers here that recent stats estimate that there are around 600 people who are visibly homeless in the HRM right now in the last month or so. And there are so many more who are invisibly homeless in terms of maybe couchsurfing or just not presenting at shelters or on the street and that sort of thing."

[13:10] "Food insecurity, that's also an issue and when it comes to healthcare, what we're, you know, might be useful to know about is that because people are making very little money they may not be spending that money on food but they may rather be using food banks or soup kitchens and that sort of thing. And when they're at shelters as well, the nutritional value of what they're getting is usually not ideal."

[13:40] "Think about like what people donate to food banks and you'll see you know a bunch of cans of food and it may not be a very balanced meal. And when people are dealing with chronic diseases like, for example, diabetes, asking them to kind of self-manage in a context where their nutritional choices are not so great and also they have limited control over that. I've had people dumpster diving and they're like, 'I don't know what I'm going to get, I might get 10 bags of cauliflower one day and then crackers the next.' So it's really can be challenging for people to manage any kind of health condition in that regard."

[14:15] "As mentioned in the last slide, you can help here too in terms of prescribing if someone's on income assistance for a special diet like high fiber or low sodium or whatever

you can prescribe to allow for a bit more money each month. Jack, I don't know if you want to speak to this one in terms of community and social context and how important that is and what we do around that."

[14:45] "Unmute so, this is my dog Tails and she ended up being kind of our quasi therapy dog. And it was just remarkable how much people would call to ask for Tails, that's my dog's name, instead of my services sometimes even, especially the staff. So, one of Mosh's major roles is our partnerships with community agencies."

[15:15] "You know, we all earn really good salaries and the staff at all the agencies like the food bank, all the shelter staff, you know, all of the church people, they earn really, really low salaries and they do really hard work. And they're taking the brunt of a lot. They don't have the structures that we have of our offices and all of these boundaries of professionalism that you know, and they don't have the power so people are nicer to us and behave themselves but they don't do that around the agency staff."

[15:50] "All that to say, they're doing really high-skilled work without the training and without the support. So, MOSH has been, I think, really instrumental in helping with guidance in the community when things like overdoses come up or tragedies or anything, and leading the way there but also just checking in with the staff frequently to do support their mental health and structure of what's going on and I think by doing that we've been able to help more people."

[16:20] "I always feel like if I can really support the staff of all of the army of agencies that are happening in the community then I can actually affect more change. And so anyways that's just to say that it's really helpful. I also have a theory that it's really important to meet the people that do this work face to face at least even on virtual because when someone sees your face or has talked to you they're more apt to help you."

[16:50] "They have emotional connection want to do you a favor all of this stuff right but it's also they'll think of you when something comes up and it's appropriate for you to help them. And so it it's remarkable how much these agencies can decrease your workload."

[17:10] "And I think that's also happened with tertiary care so the hospital has kind of learned that we can decrease some of their workload and then agency staff like shelter staff can decrease our workload on and on but only if you support and respect their work. Thanks."

[17:30] "Thank you. Yeah, and on an individual level with people too in terms of it being a social determinative health like social capital and community resource is so important. Again, even on a one-to-one basis, being able to start to navigate those resources with people or if you don't know, you'll see at the end in the resource section there are some simple tools like 2-1-1 which can act as a directory for you to figure out like, oh where could someone go?"

[18:00] "Also as an OT if you refer to what's difficult sometimes with folks to refer to OT within MOSH it's all baked in and we do relationship-based care and we don't have to do a referral process that's formal. But whether it's maybe that person's friend or neighbor or pal or some other person can connect people to these resources is in a warm way rather than like a cold referral and actually facilitate that connection and capital that can improve health for sure."

[18:30] "And speaking of health, what about the accessing of health care? We know this isn't distributed evenly or equally. So you know why do you think MOSH was created? Can you identify some barriers that are related to the social determinants of Health that interfere with accessing health care? Here you can unmute or chat, we're going to give you a second to just identify a couple and then show you what we think some of the barriers are."

[19:00] "Sort of just feeling judged or where they are in their life definitely, thanks Karen all we needed is one and you've unlocked this list."

[19:10] "This is Elise, a former client, and I came up with this list based on their experience as we were trying to navigate the health care system. I see some more coming into the chat thank you, yeah access, stigma, up-to-date health card, access to a phone for sure. When

you're looking at their this list, are there any that you would like Jack or I to speak more to? You can put it in the chat or unmute if you'd like to hear more about some of these barriers."

[19:40] "The patient presentation I think is helpful to get in your head. Jack, do you want to take this one?"

[19:45] "I might as well go from there, that's one of the you know Becky and I had chatted about a few that we would highlight, that was one of them. And I think patient presentation is, I think it pushes our buttons the most and it can affect our, uh, how we show up. So that can go from how they smell, that can be a it can tell you what's going on in their life like weed or cat litter or Listerine or whatever."

[20:10] "And then how they look but also how they behave, how loud they are. I think a lot of people get excluded from our services because they can't behave in the waiting room. So how they present to the elevator even, or you know having outbursts or using foul language, or then also I know this is a little bit of a side but even who they're allowed to be around."

[20:35] "So a lot of our people have personal protection orders against other people in the community. So if they show up to the waiting room and someone is in the waiting room that they're not allowed to be around by court order, then they have to leave or it often sparks a fight right. And that all can happen before they even get to your office and then once they get to your office there's more issues with how they present but those are just a few things that you know we take for granted."

[21:00] "Also, I say it can trigger us because naturally we're human right we have a nose and it does smell feet and bad smells and that does put you off you know and that's okay that you don't like it or whatever but you have to acknowledge that that's happening for you and then how to figure out how to work through it. But I think it's also really important to not judge yourself or judging the client right. It's normal and it's okay for you to judge other things and not like certain behavior. I don't like being yelled at or you know other things but then it helps me to acknowledge that I don't like being yelled at and that's okay for me to be upset about it and then keep working through it."

[21:30] "So one of the things, especially I'll just say right now with behaviour which is often really hard to deal with, so if they start to elevate and start swearing or get inappropriate behavior then I'll stop the conversation for that moment. Often I'll say okay we're done for today or we're done for this morning and we can start again this afternoon or tomorrow. Now that's much harder in your practices because you have to book a whole new appointment. However, instead of just making them not able to access your care unless they've done something really bad, it is helpful to just be like okay I'm gonna book you another. I'll get my front desk to book you another appointment and you'll be able to come back on this day."

[22:00] "But that shows them in the moment that you care about still delivering their care, you're just not okay with their behavior."

[22:10] "We have a question from Jock too."

[22:15] "Yo, sorry. Yeah, Jock Marines project. We have a problem in that our front staff are Capital Health and capital test has a zero tolerance policy for bad behavior, for profanity and yelling and, yeah, abusive patients and those are our patients but we don't control the front staff and we're constantly getting complaints and and uh requests to ban patients, pretty much on a weekly basis because of bad behavior, profanity, you know showing up without appointments those type of behaviors and we can't control um our staff because they are employed by us."

[22:45] "I hear you and that's such an issue I struggle with that too that some of the people that I work with aren't willing to accept the same level that I am or whatever. But I think that's where a helping do a little bit of mentoring around what's happening but respecting the front desk take way more assault than us and it's okay for them to have boundaries."

[23:00] "But that's where I think it is helpful. I think the key is that you take or the person that's dealing with the situation says you know I the first thing you say is I will help you get care so yes we can do something no you can't behave like this so as soon as you have no first the trauma brain shuts off right and they can't hear anything else they just get mad and peace out or or escalate but if you say yes I can get you seen today no you can't behave like

this I will book you another appointment I'm gonna give you the card right now you can come back at this time but you have to leave right now so always offering offering uh a time to come back."

[23:45] "Now with the banning thing that's really tricky and it's a team thing and we struggle with it too but and you go through your ups and your downs uh but I think that's where mentoring your staff comes in and and helping with some advocacy around making clinic flow work better and making their jobs easier so that they have higher resilience for these kind of situations."

[24:00] "I might jump into in terms of like just kind of a cultural shift and reframing it it will take it would take a lot of conversations and um you know attention in terms of reframing like what you're seeing as not um necessarily violence directed at um someone or profanity directed at someone but rather like a response or looking at trauma-informed care."

[24:15] "As the the way to frame that up and it is a it is a shift that people will be more or less able to make like Jack said but I think um helping to bring people along with that as a possibility and using some curiosity around like hmm like do you think like could it could this be something else that we're seeing here um not just somebody who's like a bad person or you know acting badly the other thing I'll say really quickly and then I'll stop uh talking is that I think it is helpful too if your staff if your front desk staff can let you know when a situation like that is happening."

[24:45] "Because often as the prescriber uh or provider you have more power in the situation and you can make such situations go away faster than the front desk has authority to so sometimes in those situations they don't even tell us because they don't want to bother us but it is important to have that relationship with your front desk that they can interrupt you in those kind of situations so that you can jump out take that person outside uh or in the hallway um and don't be afraid of your waiting room right you don't have to use the barrier of the hallway or the waiting room."

[25:00] "It is our responsibility to go out physically and help the front desk in these situations and often I can go out and say I can make an executive decision that the front desk can't um like I can squeeze someone in

[21:30] "So one of the things, especially I'll just say right now with behavior which is often really hard to deal with, so if they start to elevate and start swearing or get inappropriate behavior then I'll stop the conversation for that moment. Often I'll say okay we're done for today or we're done for this morning and we can start again this afternoon or tomorrow. Now that's much harder in your practices because you have to book a whole new appointment. However, instead of just making them not able to access your care unless they've done something really bad, it is helpful to just be like okay I'm gonna book you another. I'll get my front desk to book you another appointment and you'll be able to come back on this day."

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[25:00] "It is our responsibility to go out physically and help the front desk in these situations and often I can go out and say I can make an executive decision that the front desk can't um like I can squeeze someone in at the end of my day or whatever right and and then all of a sudden the whole thing just settles."

[25:15] "There are other things that we've had the luxury to do too in terms of if there are any other uh like if we know that someone is prone to having difficulty in that situation we may like you may strategically book them as the first person of the day and be like so not late so that they walk right in and right into your office or like there may be strategies that you can use to try to get ahead of it for some folks or you know."

[25:30] "Yeah, yes use a different door we sometimes use, or if someone could bring someone and that would be helpful to them then we encourage that. I know during COVID there's all these restrictions too which can be difficult."

[25:45] "Sometimes it's little things too like you know what, having some snacks at the front desk for people or something else as a like to help with some soothing or some distraction in a time of need. We often say you know ask people to like okay why don't you, you know, go take a walk or have a smoke and come back, why don't you, you know, here's a couple of bucks for like go get a coffee or whatever it might be and that can often give people some space to cool off and not have to continue on with the confrontation."

[26:00] "There's a question about how far ahead do we book it, it varies. I think unfortunately we just got additional physician hours and we're already using all of them up. I think it's between two to six weeks."

[26:15] "But what we're trying to do when Jack comes back is actually have her not do clinical work in the clinic anymore for booked appointments but rather be free to respond to some of these needs in a more day by day way and also support our outreach nurses in

the same model that she was talking about to be able to build capacities for the nurses to do more by being in their back pocket at their beck and call to do that work so try to be more responsive because as I'm sure you've experienced folks who are living in these kinds of chaotic environments are very present focused and it's nearly impossible and very ineffective to be booking that far in advance."

[26:45] "So we're going to be looking at our models of care as well in terms of COVID has curtailed this but in terms of trying to do more like drop-in and or different models of care so that we're not setting people up for failure and getting no shows. We have a question from Lynn as well."

[27:00] "Good morning, this is really fascinating. I had another barrier question. We find a lot of our patients have the most affordable phone which is a text only phone."

[27:15] "And we're having a hard time finding a solution around that because I can't block my number if I text a patient but I can block my number if I phone a patient. But a lot of people have the most affordable phone which is a text only phone and that works for them in life otherwise."

[27:30] "So go ahead Becky."

[27:35] "I'll start out and then Jack you can add. Like there we do text a lot, we do have a work phone for that purpose and it could be that at your clinic site maybe there's one work phone that's used for texting that people could all use."

[27:45] "Exactly, the next piece is that you can get apps that you can use for texting. One that we use is a Telus business connect and it's 30 a month. Our team uses it as like a chat like an internal chat with one another but we can also use it for phone and texting purposes and there's probably many more alternatives that are apps as well."

[28:00] "Texting is such a beautiful way of communicating with our clients. Just if you think even yourself many of us even prefer to text or email to book an appointment or whatever. You decrease so much of the emotion during an organization of like trying to structure an appointment or something like that you get rid of the need for all of the emotion behind it so you decrease a lot of the pitfalls."

[28:15] "Texting would be an absolute no for the College of Physicians and Surgeons and CNPA because it's not encrypted."

[28:20] "But you're not giving medical advice on texting, just in Access. So setting up an appointment, locating someone..."

[28:25] "Exactly, that's exactly what I meant. Right, like 'Your appointment's tomorrow, I want to remind you', or 'You missed your appointment today, can we figure out where you are?'"

[28:35] "You know, 'Can you tell me when you can come again? What's a good time to phone you?' Like 'Pharmacy, are you...'. Exactly. I'm not talking about giving them medical advice over texting."

[28:45] "Actually, when you say you think I was going to mention another strategy without using texting when you're trying to locate people, the thing that works very beautifully for us is working with their pharmacists because lots of folks that we're working with have like daily pickups at a pharmacy or pretty regular contact with their pharmacy."

[29:00] "So using them as part of the team or community has so much contact with the person, you can leave an appointment with them and use them as a telephone service sometimes. All kinds of information can get disseminated through them. Of course, if it's more than just an appointment time, you can get consent from the patient to talk to the pharmacist about that kind of stuff."

[29:15] "Exactly. That's been really super important, and then similarly we've mentioned all these community agencies with consent of the folks we work with. We often will work with say Mainline, who has peers out every day kind of roaming around, and say 'You know we've really got to get that person to the hospital tomorrow at this time for this diagnostic or whatever,' and they can make it happen for the most part and it's really helpful."

[29:30] "To put these kinds of details in their chart, uh, so in contact information there are like sections where you can put in the notes and stuff. Uh, and that's really helpful. Like I always, all of my interactions are 'What's your pharmacy?' and 'Do you have someone I can leave messages with you if I can't get a hold of your phone?' because this clientele is always switching their numbers and their addresses, for sure."

[29:45] "Okay, so that was um, some good discussion. One more I wanted to raise is um, something that I've called recommendation malfunction here and can like, you can think what that might mean."

[30:00] "What it means is that, you know, we can't provide standard advice to people, you know what may be like textbook clearly objectively like the best thing to say um or advise people on could be an absolute malfunction."

[30:15] "Again, going back to the client who made this list was a young person with diabetes, um, uh, and lots of mental health concerns and was homeless and you know we eventually we got to a point where I went with them to the diabetes education center and it was very difficult to interface there even though we showed up."

[30:30] "But it was hard for the practitioner to um, get out of the mode of like providing standard information and ask questions to realize like, oh wait a second you know there's no place for you to store your insulin at a temperature that needs to be stored at, you have no way of knowing where your food's coming from."

[30:45] "This person also had dyslexia so like carb counting didn't make sense to them so what's another way of estimating food like there's hundreds and thousands of examples of

how there's just a malfunction there if you don't ask enough questions and try to really appreciate where that in where your recommendation will land and how."

[33:45] "And you will notice that urgent uh concerns in that moment uh often they can actually fix this so we jump in to do way faster in medicine and also I think we have an over uh a bigger sense of how effective our our Solutions are anyways um and the biggest way that we've had any success is just being with someone sitting in the pain acknowledging validating uh their problems."

[34:00] "Yeah, that's really right on and I'll I think another way of maybe reframing that too is around like who owns who owns like what whose agenda is it and who owns the outcome and the process of That So like um I don't think like I think sometimes yeah there's no need to rescue because we don't we don't own that person's life or outcomes."

[34:15] "And and sometimes I find with new nurses coming on our staff or new team members there's like such an urgency to you know work after hours or to like do this or that or to kind of or you know there's such a maybe a frustration or a helplessness that people experience when they're when they're witnessing these problems."

[34:30] "So so so so many problems that you would maybe frame it that way um that it also can lead to burnout and um lots of issues but when again you can remember that like you don't own that in your responsibility like Jack says is to be there and to see to see um see that person."

[34:45] "Sorry just one more thing is that I think um we all go into this profession wanting to help and care and then we we are naturally shaped by our culture of um our schooling and of the college's requirements right and so and also the culture of I know being in the hospital is a certain way that you have to get this done."

[35:00] "And you have to do it a certain way and you have to be accountable and you know this has to be written down at this time and so we have a lot of external pressure as healthcare providers on on uh outcomes and how we have to get things done and how we have to bring someone's A1C down and all of this but um that's external pressures from our culture and our college and our education."

[35:15] "And not actually from our patients so I think we have to have the guts to stick up for what's important for the patient and what's important for our gold standard or our college and sometimes the patient wins."

[35:30] "Mm-hmm yep yeah now the systems level like as a manager now that's what I have to kind of work with to figure out okay you know how do we measure our our workload our panel sizes all of these things it's like it doesn't compute when you're talking about the work that we're doing."

[35:45] "Yeah you have to have the guts to uh walk away at the end of the day knowing that you've been successful but that you look unsuccessful to the college or your institution um while the time's flying I'm going to move us along um yeah go go hopefully we can get through some of these other pieces."

[36:00] "But um here's what Jack and I have identified as kind of what we would hope he would take on as a universal approach just like universal precautions in terms of like we're going to wear that mask we're gonna wear those gloves we want you to wear trauma-informed care harm reduction cultural humility and have these other ingredients for Success um."

[36:15] "That you see at the bottom there with every encounter um and so we're not going to get into in detail like what's trauma-informed care and harm reduction cultural humidity because those are you know workshops unto themselves but just a couple of comments maybe towards them um."

[36:30] "In terms of trauma-informed care we talked about the waiting room experience it's about really trying to maybe as a team too sometimes having some psychological cultural safety where your team can speak up when as Jackson speak up when to go against the grain sometimes and know that it would be safe to do so in your team so it's not just about the patient safety it's also about your own safety."

[36:45] "To be radical sometimes if you have to be or to make mistakes um without punishment so like I'm sure you would agree that we make lots of mistakes too because we are learning through doing and we are taking risks and um we put down in the bottom ingredients risks risk taking is also important like um."

[37:00] "Yeah you kind of put yourself on a limb and you need the safety as a team to be able to support one another in that and use that for what did we learn from this versus like punishment and that can be hard inside certain institutions if that is not the framework provided but it's something to consider and work towards as an organization as part of being trauma informed."

[37:15] "So when your staff are supported and feel that they can provide that best care and take risks and do things differently than they will and you will start to see that come out in practice is there anything and I would say that um you know as everything modeling is key so."

[37:30] "Um I think you can start the cultural shift by modeling that kind of care for your colleagues and supporting people we're not saying to stand beside someone while they do something wrong uh but holding even holding someone accountable in a really kind and compassionate and supportive way."

[37:45] "Yes yes in terms of harm reduction we've also we started to talk about that a little bit but the basic thing here is that it's not a narrow thing related to substance misuse it's really looking at like you know do I am I stuck on a gold standard or can I be flexible and."

[38:00] "And try to meet someone where they're at and that's really what mosh is all about and so yeah some I'm trying to think of some examples here but uh well I'm gonna say harm reduction has been the has become the new word like collaboration was like collaboration started out as a really."

[38:15] "Great word and now everyone just uses it and doesn't actually do it right and harm reduction started out as a really great word and now everyone just uses it but it's very narrow like if we think about harm reduction it's often just in the context of uh how we distribute benzos or opioids but it's everything."

[38:30] "From um allowing someone to choose the quote unquote non-gold standard treatment in in so that their health improves instead of doing what we think is best and we run into that all the time and it's important to that's what harm reduction is making the choice to step away from the gold standard of you know generalizations are really important that's how we get through things uh and."

[38:45] "Then but we are sitting in front of an individual and that's why you were chosen and you were trained to be skilled at manipulating all of the rules and guidelines to suit the individual situation that's sitting in front of you and that's what Harmon reduction is."

[39:00] "Yeah like like even during the pandemic since the theme this year is around covet is like we coming across examples working with Public Health in terms of like someone is is going to leave they're not going to be self-isolating because they are going to go and buy some drugs um say so it's like well do."

[39:15] "We just say well we're going to abandon you in that moment like that's really been my experiences of harm reduction is like not abandoning someone and being like you carry all the risk you carry all the consequence it's like can we share that load with people and be like."

[39:30] "Okay rather than abandoning you and you can fend for yourself and carry all the risk and consequence of your preference could I offer you a mask could I offer you um like a taxi kit so you don't have to ride the bus and maybe you can go in one of the safer taxis and and like not infect a whole bunch of people I could what could we do here to reduce the the harms and still."

[39:45] "Um like show up for you [Music] um let's go on to the helpful tips yeah that sounds good uh so skip this for now yeah okay we can."

[40:00] "Come back to stories um if we have time I just wanted to to make note here quickly that in a recent um C Jam article someone had actually written around like implementing social intervention in primary care you might have seen this article but if you don't."

[40:15] "Want to just take um Jack and my word for it you can also take a look here at what's in the literature around you know how you might um screen for poverty for example how you might look at what is social prescribing in terms of connecting people to resources um how you might address structural."

[40:30] "Inequality like by looking at systems and policies and things like that so even within your own practices if there's like a two-strike rule or whatever you know for no shows or lateness like you know where can you be flexible thinking about you know how can I start to be more flexible in my practice that will be um improving."

[40:45] "Um Health inequalities for people in terms of healthcare access and then what are some opportunities for Community Action whether it's through the media through um you know networking in the community using your power and influence and so on."

[41:00] "Um okay so this one's a juicy slide that Jack and I can talk a bit more about but um these are some common Hang-Ups that I think really can derail people and not like and

kind of make it so that someone groans when they see that person is coming in for the day like oh this is what's gonna happen um maybe we can just go through them Jack what do you think."

[41:15] "Sorry I've got a lawnmower now right outside my window so oh that's fine do you want to speak to like I've been talking a lot Jack do you want to speak to any of these or do you want me to give oh sure uh why don't you just say if the lawnmower is too distracting you can take over um but I think we went through some of."

[41:30] "These the thing that sticks out is um boundaries and what I was gonna say is like what I really wanted from this presentation is to support you guys and I think everyone who's attending this session probably already wants to do all of this stuff we're talking about but struggles on the how to do it uh because it's really hard uh and I think you know."

[41:45] "We all love a UTI I can't wait for a UTI to walk into my office because I know what to do it's very black and white it's a quick fix and it happens and I feel good right um but many of the hard problems are kind of living in the gray and inventing your own Solutions and going against the."

[42:00] "Grain and coming up with different things and and leaving things lie meaning not necessarily having a an endpoint to your to-do list you can't really check it off it feels yucky that's not how we are trained to be um and so I think living in the gray is so important but it's exhausting and I."

[42:15] "Think one of the biggest contributors to burnout is all of the times that you go home and uh ham and ha over your decisions during the day and that's never like the forearm that got broken and you sent for an x-ray and then it got fixed right like you never worry about that but it's all this other stuff and it's exhausting to to do this kind of work um and and so I think uh."

[42:30] "Boundaries are important and I I have learned that living in the gray and having boundaries is something I'll struggle with until I end my career um and some days I find I'm really good at it and some days I'm really off and sometimes I'm kind of in the middle Becky you better take over it okay it wasn't too bad but thank you for bearing."

[42:45] "With it must be hard to speak actually with the noise in the back but yeah so yeah it's not gonna it doesn't necessarily get easy um but it's it's something that is worth the investment in in attention to to maintain for your sustainability and so that you can be the best you can for folks for sure."

[43:00] "Um and also doing this in your teams is is helpful it's hard to go it alone I think why mosh has been so successful has also been because we we love one another we really care for one another and we make sure that one another are as healthy as we can possibly be we support you know we listen to that hard day that."

[43:15] "Our colleague has even when we're busy it's just it's required to to have that resiliency for sure yeah it's amazing how much like uh once you practice to support each other you can have a really effective uh fueling conversation in like two minutes in the hallway and then."

[43:30] "You know I notice our colleagues we go deep real fast and then move on like you can have some kind of like how are you is not an easy question some days right well I'm awful and this is why and then move on but if you're doing it regularly it's really really helpful to find a few."

[43:45] "People in your practice that uh you feel like you could reach out to and that can be in your office or outside um but I remember this is a good example is like we had this fella named EJ Davis and he worked as the Spring Garden Outreach worker he did really similar work as us but was working all alone and."

[44:00] "Uh we noticed that we were getting fueled by each other because we were helping each other through these situations but he had no one so he joined our meetings um every few weeks and then could get some of that support because a lot of the support and uh decrease of burnout is actually just hearing that you're not alone in these struggles right you sit in your office thinking that you you uh."

[44:15] "Are the only one that are dealing with this and then find out oh so and so uh really made a decision that was embarrassing or hard to handle you know so that helpful I see that cast Stringer has asked about some stories of risk taking and how we've managed that risk as a team I don't know if we are like this is."

[44:30] "Being recorded unfortunately you can actually pause recording if that uh no no I'm sure we can think of some PG examples right yeah you know I I just I just think that that's something we all struggle with in in healthcare and and it's wonderful to hear I I was really pleased to see that in your slide and and I just yeah I just thought it might help all of us to to hear an."

[44:45] "Example recognizing that we're quite happy to turn the recording off okay so go back to the slides of the pictures okay I'll do a really quick one and so uh the first one is a great example but."

[45:00] "It was when I was RN so I had more time and that was that I yeah so one of my patients died and they had a scooter and the other patient needed a scooter but the scooter was in Halifax and we couldn't get it on a truck and so Becky and I rigged away to get the scooter over to Dartmouth so I."

[45:15] "Drove the scooter down to the ferry took the ferry across and then drove it to the house which is hysterical uh to be a well-abled body on a scooter uh driving it and then it was very funny but."

[45:30] "Anyways I know that you guys can't do that kind of thing the other thing is is the middle one is this cat one of my patients like the shelters you can't have animals but this cat was absolutely the life of our our client and she was a northern Clinic patient and then got evicted and so became mosh because she was homeless she went to a shelter she was devastated this cat couldn't so I put the cat in my office overnight."

[45:45] "We actually for a few nights and we had the litter box and the water and I'm not advocating that that's a good idea and like there's all kinds of boundaries but it worked for

that time and it was just absolutely beautiful and it really worked out the other one is uh now I am."

[46:00] "An NP but I'm I'm at Sunday supper which is one of the food places where you get dinner and um as an NP I'm super busy like so busy and I feel like I can't take a moment but this person's having a really bad day and so I take two minutes to do a snow angel it turned this around."

[46:15] "It de-escalated a fight and uh she ended up going to her appointment the next day and all of this beautiful things happened out of it and it took two minutes and in the moment uh I look really happy there I was feeling really guilty I was feeling like I'm not allowed to do a friggin snow angel like."

[46:30] "This is not good care uh but I think it did more for that client than I could have done anything with a prescription pad or a diagnostic so um those are some you know buying alcohol here and there whatever and I know this is recorded but like there's certain things that you do and and those are the things I am talking about when."

[46:45] "You go home and you're like oh my God like I'm I'm gonna lose my license whatever but I on on an edge like you can do some things uh that go a long way and and it's all due to creativity and just taking a moment thanks so much that takes so much courage and thanks for sharing those."

[47:00] "I think we've got five minutes left I'm just gonna flip through the slides so you can see where the resource section is and then take any last questions or comments and or go back to that last slide so around covid I would just say that we ended up becoming like a little public health unit for folks who are almost in Street involved and that's really um it's it's been really interesting to."

[47:15] "See like as we talked like there was no virtual care options for our folks you know the people still had to have the same needs that they had um plus now there was this you

know pandemic on them so it was really challenging and we ended up like everyone else having to de-prioritize um some of the basic Primary Healthcare stuff."

[47:30] "Um but we did we didn't shut down and we kind of carried on and then also did lots of Public Health stuff as well um and over here you'll see some resources related to the northern Community Health Center that you could access as well like your your folks could access some of these as well as other community resources that you could use in your practice."

[47:45] " the resource navigation I put a11 uh yeah that's right is it 211 or 811 I'm I'm All now self-doubting 211 is the health one yeah two in one sorry so that is not right I I doubt myself there."

[48:00] " there's a housing Hub on Gottingen if you're if you just don't know where to send someone who is homeless or needs housing support that would be a good starting point for them Mainline could be great if you want."

[48:15] "Some some peer like if you want to hear from people with lived experience getting the locks on training support in that way uh for your practice that would be great I could put a similar Canadian Association of people who use drugs they can again provide."

[48:30] "Some advocacy consultation and education and then there's a nber of practice groups out there if you want to engage more with like-minded colleagues there's a DCS policy manual which can."

[48:45] "Be helpful if you're trying to help people get more on their check each month or figure out what they you know what they may be allowed to do you can take a look there and that's the article I was referring to so any last word and Jac and I could."

[49:00] "Probably stay on for a couple extra minutes if need be anyone want to have the last question."

[49:15] "I just put in the chat that though I'm busy I'm always happy to take a quick call it's really helpful to have people that uh won't judge your silly decisions or hear out a really complicated situation."

[49:30] " you name it we've probably been through a lot of the social kind of silly decisions and hard things so we've kind of worked through ethically a lot of decisions and sometimes I can offer some insight or just listen."

[49:45] " this is hard work and I really feel for all of you guys who are in your offices trying to navigate these situations so call anytime. Oh Jack and Becky I want to thank you so."

[50:00] "Much for taking uh this time to come and speak with us uh your words have been inspirational and I know you were worried about whether or not it would be what we needed whether it would resonate with us I have never seen such an active."

[50:15] "Chat in our grand rounds so I thank you for that and I could see things going back and forth and get registered with the right people so that there's going to be action items come out of this so I thank you."

[50:30] " very much and we will have to have you back again because I'm sure there are other things that you can speak to us about and educate us on so I want everyone to please unmute your speakers and give these lovely ladies a really."

[50:45] "Warm thank you good job guys thank you very much have a great day."