

Meeting the Health Needs of Winnipeg's Most Vulnerable Population

A Model for a Physician Assistant Run Mobile
Medical Clinic for the Homeless

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Abstract

Introduction: The health of Winnipeg's homeless population continues to be one of the poorest in the province. Although some community services are reaching out to this population, these people continue to have decreased access to non-judgemental, primary care services that are unique to their needs. This approach leaves this population to use emergency services when manageable ailments worsen and become serious, acute or chronic conditions. This in turn makes this population's journey and their cycle of homelessness even more challenging. A proposed model for a physician assistant run mobile medical clinic is put forth as a unique medical service that brings quality care to this vulnerable population, and caters to their unique health needs. In all, this model will strive to increase the health status of this population and help end homelessness in Winnipeg.

Methods: A qualitative and exploratory research study on current mobile clinics for the homeless was performed using Medline and PubMed search engines. Identifying community resources for the homeless in Winnipeg was achieved and accessed through online websites and personal communication.

Results: Through detailed research, a proposed model for a mobile medical clinic regularly staffed by a physician assistant, a social worker and/or a mental health worker and outreach workers that provide primary care, diagnostic, counseling and social work services is presented. The potential scheduling, location, supervision, funding, advertising, and safety are discussed and described.

Conclusions: The project concluded that a mobile medical clinic catering to the health needs of the homeless population of Winnipeg would help increase their access to quality, non-judgemental primary care services. It would also serve as an access point for these individuals to enter into the health care system and have better access to specialty services they require. Patient-focused primary care services will not only improve their health status and help end their cycle of homelessness but will also benefit Manitoba's healthcare system as a whole.

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Introduction

Homelessness in Winnipeg

What does “homelessness” mean in Winnipeg, Manitoba, Canada? It is difficult to define homelessness as it is much more a continuum rather than a homogenous state of being. It includes but is not limited to those who are the “absolute homeless”, the emergency sheltered, the “episodic homeless” and the “hidden homeless.” The absolute homeless are those individuals who are staying in unsheltered public spaces, or places such as tents or cars (1). The emergency sheltered are those who are staying in emergency shelters such as Siloam Mission, Salvation Army, a domestic violence shelter or youth shelter (1). The episodic homeless are those experiencing homelessness for three or more periods of time over the past three years and the hidden homeless incorporate those who are temporarily living with others without any prospects of permanent housing (1). As one can see, it would be inaccurate to put all persons who are experiencing homelessness under one umbrella.

A detailed report about homelessness in Winnipeg was published in early 2016 titled the “Winnipeg Street Census 2015” (1). This report headed by Christina Maes Nino, Maria Godoy and Scott McCullough with the help of twenty community-based agencies, whom all partnered together to undertake Winnipeg’s first comprehensive project that would help evaluate the state of homelessness in Winnipeg (1). On October 25th and 26th, 2015, 300 volunteers took to the streets to collect data from 7 emergency, domestic violence, and youth shelters, nine transitional housing sites, ten bottle depots, and 29 community agencies or drop-in locations (1). As volunteers encountered individuals who fit the criteria for being homeless, they conducted a 19 question interview to gain insight and depth into the individual’s life and their experiences (1).

The Winnipeg Street Census concluded that there were at least 1400 people experiencing homelessness in Winnipeg on the night of October 25th, 2015. Of these 1400:

- 132 individuals were unsheltered and stayed in public spaces, tents, cars or walking the streets
- 347 individuals were staying in an emergency, domestic violence or youth shelter
- 333 individuals were staying at a friend's, family's or stranger's home
- 281 individuals were staying in transitional housing. 242 individuals were in an institutional setting such as addictions treatment, health, and mental health programs, and
- 65 individuals were staying at a hotel/motel (1).

The conclusion of the census found that 479 people were living in absolute homelessness, and 921 people were living in provisional accommodations (1). The researchers determined the homeless population's median age was 43 years of age (excluding individuals under 16 years of age) with 76.5% identifying as male, 23% female, 0.25% as transgender and 0.25% as two-spirited. Ten percent of the population defined themselves as LGBTQ (1). 71% of the homeless population identified as Indigenous (1). When diving further into the demographics of homelessness in Winnipeg, the report concluded that 9.8% of the homeless population interviewed stated that health or mental health was the reason for their first experience of homelessness (1).

Homelessness and Health

The definition of "health" and how one defines their health comprised of not just a physical state of well-being, but there are social determinants which play a significant part in the well-being of an individual. These social determinants vary significantly from one individual to another, from one family to another family or from one population to another population. Social determinants of health include shelter, income, education, family and social structure or support, accessibility to healthcare, and employment. When considering social determinants of health in

the homeless population, those with no permanent or safe shelter are more likely to have an unstable job or source of income, unstable family or social supports, and are more likely to have a lower educational level or decreased access to education. Therefore, the homeless population can be one of the unhealthiest populations due to their struggle to have just their basic needs met on a daily basis.

In the 2011 Winnipeg Street Health Report put forth by Christina Maes and Suzanne Gessler, 45% of those surveyed on the streets considered their health to be fair or poor compared to 13.6% of the general population of Winnipeg (2). When considering the basic needs of an individual, those surveyed had significant disparities in sleep, food, and hygiene (2). Of those surveyed, 54% reported having times where they are so tired they did not have the energy to walk or do light physical work (2). A lack of food security resulted in an inability for 33% to acquire enough nutritious foods such as protein, vegetables, and dairy products to stay healthy (2). Lack of a fixed domicile had 23% having difficulty finding a place to bathe themselves, and 22% had a hard time finding access to bathrooms or basic toilets (2).

A section of interest from Maes and Gessler's Street Survey was the piece on access to health care. The most common place (61.4 %) for survey respondents to go for medical care was the emergency room, for which they had visited on average four times in the past year (2). 54.7% had frequented walk-in-clinics on average eight times in the past year, and 30% had visited a family doctor within the past year (2). As Maes and Gessler state, "most walk-in doctors will not fill out required forms (ex. disability assistance), cannot look at more than one health concern at a time, and their appointment lengths are limited" (2). For a population who is at risk of increased health problems, the lack of access to a family doctor has a severe impact on health and well-being (2). 36% of the homeless interviewed indicate reservations about

accessing health facilities due to fear of judgment or negative treatment by a health care professional (2). The attributed reason was for being considered “drug seekers” (21.6%), drug/alcohol misusers (21.3%), or simply because they were homeless (17.2%) (2).

The cost of homelessness in Canada is substantial. Recent estimates suggest that homelessness costs Canadian taxpayers anywhere from \$4.5 billion to \$6 billion a year, attributed to the lack of affordable housing and preventative health and social services (2). A one-night stay in an acute hospital bed in a Winnipeg hospital costs on average \$1,482.00 (2).

Current Health Services for the Homeless in Winnipeg

Some Winnipeg organizations have been leading the way to improve the health of our homeless population; including Saul Sair Health Centre located in Siloam Mission, Street Connections, and Mount Carmel Clinic. Siloam Mission, a Christian humanitarian organization that provides emergency shelter, clothing and meals to Winnipeg’s vulnerable populations, opened its Saul Sair Health Centre in August of 2007 (3). This center is run strictly by volunteer health care professionals who provide primary care services, dentistry, optometry, podiatry and foot care, chiropractic, physiotherapy, counseling and health education services (3). Due to high needs, these services are only available to those individuals who frequently use Siloam Mission’s other services and the center adheres to a “first come, first served” basis (3). A Manitoba Health card is not required to use their services.

Street Connections is a mobile public health service staffed by public health nurses and outreach workers (4). They are part of the Healthy Sexuality and Harm Reduction in the Winnipeg Regional Health Authority’s Population and Public Health Program (4). Their goal of the mobile service is to reduce sexually transmitted, and blood-borne infections as well as reduce other drug-related harms (4). Street Connections has a scheduled driving route in Winnipeg’s

inner city that runs Monday to Saturday from 1800hrs to 0030hrs. The services that they provide are sexually transmitted infections (STIs) testing and treatment, tuberculosis testing, pregnancy testing and prenatal services/referrals, vaccines, care for minor wounds, referrals to other programs and health services, and general health education (4). They also provide clean injection supplies to drug users (needles, swabs, and spoons), safe inhalation supplies for crack users, opioid overdose kits, safer sex supplies such as condoms and will safely dispose of used needles (4). All services and products are free of charge, and they do not require client information or Manitoba Health cards. Street Connections' home base located on Hargrave Street is in the Downtown core. Health information and supplies can also be gathered at this location throughout regular business hours during the week (4).

Mount Carmel Clinic is located on Main Street and provides a variety of services for residents of the North End and Point Douglas areas of Winnipeg (5). It also provides services to immigrants and refugees who have been living in Manitoba for less than three years (5). The clinic provides a wide range of services specifically tailored to the multicultural area it serves. These services include primary care services, aboriginal health and wellness programs, mothering project for First Nation women, multicultural health and wellness programs that include sessions on adapting to a new life in Canada, and post-traumatic stress disorder counseling (5). Mount Carmel also provides psychiatric services, teen clinics, dental care, Hepatitis clinics, diabetes wellness services, and Sage House which is a resource for street involved and/or sex trade involved women (5). Mount Carmel Clinic does require Manitoba Health cards to use its services and booking appointments with their health practitioners is required, except during "drop-in" hours (5).

Proposal

Through researching the health services and health status of Winnipeg's homeless population, it is clear there continues to be a significant health care gap that needs to be filled to help increase the health and quality of care in this population. One of the recommendations made by Maes and Gessler was to improve access to and increase the quality in primary and preventative health care by expanding the capacity of primary care to support homeless people and their unique needs (2). This research project proposes a qualitative study that addresses this recommendation by providing a model for a physician assistant run mobile medical clinic which provides primary care services to Winnipeg's homeless and vulnerable populations while working in collaboration with the resources already in place in Winnipeg. This proposed project is designed to help the homeless population increase their access to non-judgemental primary health care services. Further patient and system benefit include establishing an access point to the healthcare system when referrals or specialized services are needed. The project concept will positively impact the health status of our homeless population, and in the long term, lessen health care costs through decreased use of emergency rooms for primary care concerns.

Methods

Selection Criteria

Relevant articles and studies, published up to January 2016 concerning the use of mobile clinics to provide primary care services to homeless and vulnerable populations, were identified primarily by using OVID Medline and PubMed search engines. The OVID Medline advanced database search was performed using the MeSH terms "mobile health units" AND "homeless persons(exp)" AND "exp North America OR Canada(exp) OR United States(exp)" resulting in

39 results. Eight out of 39 articles fit the selection criteria based on abstracts and analyzed for inclusion. The PubMed advanced database search was performed using the MeSH terms “mobile health units” OR/AND “clinics” OR “mobile clinics” AND “homeless persons” OR “homeless” AND “persons” OR “homeless” resulting in 96 results with 6 fitting the selection criteria for further analysis. The Winnipeg Street Census Final Report 2015, funded by the Government of Canada’s Homelessness Partnering Strategy and administered by the City of Winnipeg, provided fundamental information and statistics to this research project about the homeless population of urban Winnipeg. The Winnipeg Street Health Report 2011, sponsored by Main Street Project and funded by the Government of Canada’s Homelessness Partnering Strategy, was used in this research project to provide health statistics for Winnipeg’s homeless population. Web sites and personal communication were used to access information about community resources such as Siloam Mission, Street Connections, and Mount Carmel Clinic.

Results

Proposed Mobile Clinic Model

The design of the mobile clinic is essential for its success and the basis for the services the mobile clinic provides. These services will include a full range of primary health care services such as physical examinations and health check-ups, treatment for ailments, lab services, health promotion and education, immunizations, chronic disease management, referrals for other health and social services, medicines and prescriptions (6). The design will have to acknowledge the trade-off between size, maneuverability, durability and cost (7). The mobile clinics currently in place throughout the United States and Canada use anything from a converted school bus, recreational vehicle (RV) or passenger van to a custom designed mobile unit. Funding for the mobile clinic would play a large part in deciding the overall design and discussion. For this project, a custom designed mobile clinic that will be smaller in size, but will

resemble the primary care mobile clinics that are currently running in rural Interlake-Eastern and Southern Health-Santé Sud Regional Health Authorities in Manitoba will be proposed (8). A specially designed RV with an exam room, a sink, a wheelchair lift, a small waiting area, a laboratory, a refrigerator for vaccinations, and a desk with a secured laptop for health care documentation. The examination room equipped with a wall mounted ENT scope kit, blood pressure cuff, thermometer, pelvic exam light scope, glucometer, sharps container and all the supplies needed for the equipment is self-contained (7). The clinic would have emergency equipment such as an automated external defibrillator (AED), portable oxygen tank and fire extinguisher (7). Safety equipment must include gowns, face masks, eye shields and a spill kit (7). A laboratory section will hold diagnostic testing equipment.

Staffing the Mobile Medical Clinic

The core team of the mobile clinic will be a physician assistant (PA), a social worker and an outreach worker who will double as the driver. It would also be beneficial to have a mental health worker who was able to staff the clinic two to three days a week on a regular basis. The clinic could also be staffed with volunteers and at times physician assistant and medical students; providing early exposure to the unique health needs of this population. Outreach workers will engage clients outside of the unit and make a friendly, welcoming environment (7). They will answer any questions potential clients have and be knowledgeable of the services provided (7). The driver will require a Class 3 or 4 driving license depending on the size of the mobile clinic. The mobile clinic should have multiple PAs, social workers, mental health and outreach workers who can rotate the staffing of the clinic to prevent staff burnout. The reality is that the clients seeking health services from the mobile clinic have been living in emotionally and physically stressful circumstances, and this can have an emotional impact on the staff working the mobile

clinic. It is important that the staff have resources that they can use when they need support. A study of the Toronto Health Bus suggested the importance of involving the clients that use the bus and know the streets in what services the clinic should focus. They should be involved in the development of a schedule for the mobile clinic, the main services provided and could even become involved in peer counseling (9).

Services Provided

The PAs will provide primary care services including history and physical examinations, treatment of common illnesses, basic emergency services, preventative health counseling and promotion, prenatal care and primary mental health care. Ideally, mental health workers will support the staffing needs. Providing additional care and connecting clients with health needs to other practitioners or institutions through referrals and consults. The PAs will perform diagnostic tests for STIs, and blood borne infections. They will also be able to give vaccinations for the flu, hepatitis A, and B, and other routine vaccinations such as Tdap (tetanus, diphtheria, and pertussis), shingles, pneumococcal and meningococcal. The PAs will be able to prescribe medications and will have a supply of common medications such as antibiotics, analgesics, hypertension and diabetic medications, topical ointments, and creams. It is important to note that the mobile clinic will not carry any narcotic medications. If narcotic medications are required, a client will be linked with an affiliated resource to get that prescription. Not housing narcotics on the mobile clinic will be for safety reasons for the staff and clients using the clinic, along with the regulations surrounding a PAs ability to prescribe narcotics.

Clients of the mobile clinic need comprehensive social support (10). Social workers will assist clients to find permanent, affordable housing, along with assisting in completing necessary paperwork for disability, income and housing assistance. They can support clients in finding

suitable employment opportunities as well as help clients attain information on addiction services and get them into detox and treatment programs. Links to resources directly influence the development and implementation of treatment plans for these individuals, and it is important to be up to date on these resources (10). Social workers will also assist in attaining pharmaceutical and health supply coverage for those with chronic illnesses.

Mental health workers will be supportive figures in the mobile clinic for those clients struggling with mental health and substance misuse issues. These workers will provide counseling and crisis services and will understand when there is a medical, mental health emergency and how to proceed with helping these clients. They will also educate clients on resources and treatment programs and will discuss treatment options and the importance of medication compliance.

In all, the services provided by the clinic are there to provide support to its clients and meet them where they are at on that day. It is there to give clients comfort in knowing that the people running the clinic are there because they want to help, and consider their health to be just as important as any other person. It also gives the clients a familiar and safe place. Clients of the Toronto Health Bus asked about what were the most important aspects of care given by the bus cited human contact, being listened to, being cared for with respect and dignity and accessing health services with ease were valued most (9).

Diagnostic Testing

Quick, efficient and sensitive diagnostic testing requiring minimal resources is an important tool in the mobile clinic. Diagnostic testing performed outside of a typical diagnostic laboratory that provides rapid results is point-of-care (POC) testing (11). POC testing normally

uses molecular diagnostics which focus on assessing levels or states of biomarkers such as proteins or hormones to diagnose disease (11). It is a way of providing rapid, accurate diagnostic test results which are beneficial when treating vulnerable populations such as the homeless. When sending a sample to a laboratory for testing, a result may not be available for a few days or up to a few weeks. Delayed results affect treatment opportunities which may have significant negative outcomes for the patient. POC testing allows for rapid administration of appropriate treatment, decreasing secondary infection transmission, and gives more opportunity for patient counseling (11). The mobile clinic would benefit from infectious disease testing for HIV, hepatitis C/B and other STIs including chlamydia, gonorrhea, syphilis, and trichomonas. There are drawbacks to POC testing such as the amount of space needed for the testing in the mobile clinic and the need to adequately train the staff members and volunteers to use the devices (11), but the advantages of having this testing significantly outweigh these drawbacks.

Electronic Medical Records (EMR)

The mobile clinic will be equipped with EMR systems, ensuring patient visit documentation and consistent treatment planning (10). Having EMR will allow for effective communication between all healthcare providers who are involved in the patient's care which will allow for better follow-up (10). It will also allow for referrals and consults to be sent directly to partnering institutions, eliminating the “middle man.” It will allow prescription support from pharmacies for those requiring medications not carried by the mobile clinic. The mobile medical clinic run out of Montreal by Médecins du Monde and powered by Doctors of the World Canada, partnered with TELUS Health and is using TELUS Health EMR technology in the clinic (12) (13). This technology has allowed them to consult not only the clinical work but also the social work aspect of the service they are providing (13). Efficient EMR technology

enhances patient interventions, increases continuity of care and will increase the efficiency of the clinic as a whole.

Location and Schedule of the Mobile Clinic

The purpose of the mobile clinic is not to replace already existing services for the homeless. It is to complement these services and integrate these individuals back into mainstream care (14). If a client has a primary health provider, we would ask permission to forward information to them in keeping with the main philosophy of “continuity of care” (14). It would be essential to consult with existing medical clinics, health services, and shelters to develop sites for the mobile clinic to visit that will access the places where the mobile clinic service is most needed. When determining the location for the mobile medical clinic to visit, direct observation and research were used. Consideration of where the homeless population gathers or access other services, where other health services are already existing, and the time of day where individuals would be most likely to use these services were all thoroughly considered. It is proposed that the first location for the clinic to visit from 1600-1830hrs will be at Neechi Commons at 865 Main Street. The mobile clinic would then travel to its second location at the corner of Ellice Avenue and Smith near the Marlborough Hotel from 1900-2130hrs. Then proceeding to its last location of the day outside of the Salvation Army Booth Centre at 180 Henry Avenue from 2200-0030hrs. The daily schedule of the clinic will be important as to improve access to the mobile clinic for the clients using its services. Most of these individuals do not have access to a cell phone or a computer to check the schedule of the clinic. Therefore, they rely on a regular schedule so that they know when and where they can find the mobile clinic. It is also important that the clinic hour’s best serve the population’s needs. Most primary care clinics close by 5 pm. The mobile medical clinic would provide medical services past these

regularly scheduled clinic hours to give them better access to care. The clinic will run Monday to Saturday from 1600hrs until 0030hrs. It will be scheduled to be in three locations each day for about 2.5 hours in each location. Table 1 is a proposed schedule and list of locations suggested.

| Location and Time | Day of the Week | | | | | | |
|--|---------------------|----------------------|------------------|-------------------|------------------|----------------------|---------------|
| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 865 Main St 1600hrs-1830hrs | PC+DS* + SW** | PC+DS + MHW*** | PC+DS + SW | PC+DS + MHW | PC+DS + SW | PC+DS + SW/MHW | Clinic Closed |
| Ellice Ave and Smith St 1900hrs-2130hrs | PC+DS + SW | PC+DS + MHW | PC+DS + SW | PC+DS + MHW | PC+DS + SW | PC+DS + SW/MHW | |
| 180 Henry Ave 22:00hrs-00:30hrs | PC+DS + SW | PC+DS + MHW | PC+DS + SW | PC+DS + MHW | PC+DS + SW | PC+DS + SW/MHW | |

Table 1: Proposed location, schedule, and services provided by the mobile medical clinic on a weekly basis. Please note the mobile clinic would not run on Sundays or Statutory Holidays. *Primary Care and Diagnostic Services (PC+DS) by Physician Assistant, **Social Worker (SW), ***Mental Health Worker (MHW)

Discussion

Why Use Physician Assistants?

A majority of mobile clinics run in Canada are staffed by volunteers or physicians, nurse practitioners (NPs) or registered nurses (RNs). PAs are seen to employ mobile medical clinics in the United States and have been a staple in the American health care system for many years. PAs are gaining recognition in Canada as the profession continues to grow and educate PAs through programs such as the Master of Physician Assistant Program in Winnipeg.

What exactly is a PA and what can they bring to a mobile clinic? PAs are medically educated clinicians who practice medicine alongside and in collaboration with a physician(s). A PA gathers patient histories, performs physical examinations, orders and interprets investigations such as laboratory and imaging studies, provides diagnosis and treatment plans for patients, prescribes medicines and is involved in patient health education and counseling (15). Through their education, they are trained as “generalists” and gain specialty training and experience on the job (15). Therefore, PAs can work in many different medical specialties including surgery, primary care, emergency medicine, and inpatient hospital medicine. Every PA has a scope of practice which is thoroughly discussed with the supervising physician(s) for that PA and is summarized in an approved Practice Description and Contract of Supervision (15).

A PA would be suitable to have as a healthcare provider in the mobile clinic because PAs can provide quality, non-judgemental primary health care to clients using the mobile clinic services. As well, they can work in collaboration with other health resources through sending necessary referrals, they can prescribe medications, and can educate clients on health management and outcomes. PAs are also trained to work in interprofessional healthcare teams which would be an asset on the mobile clinic. PAs are permitted to work remotely from their physician oversight or supervisor within an established practice description. Remote support should be made possible through a cellular telephone or video messaging such as Skype or Facetime.

Mobile Health Clinic Supervisor

One suggestion for a PA supervisor for the mobile clinic would be a physician or a group of physicians that practice in an already established clinic serving the inner city population. PAs in Manitoba require a contract of supervision with a physician or multiple physicians. As stated

in the above section, PAs should have remote support by their supervising physician(s) and have flexible supervision requirements averaging from 2 hours per week upwards to 8 hours per month. Since the supervisor(s) would only have to be available by phone, the supervisor(s) could continue to practice out of their clinic and also oversee the services provided by the mobile clinic. Some mobile clinics run in the United States affiliate with hospitals and have physician supervisors who are hospital employees (16).

Mobile versus Fixed

Having a medical service that can go to where the people are is extremely beneficial when treating vulnerable populations. A large proportion of this population does not feel comfortable coming to medical establishments in fear of judgment, mistreatment and being misunderstood. The direct delivery of medical services is more likely to be positively received and the population receptive to the service. Also, higher compliance is achieved with tailored care and treatment plans suitable to the environmental needs. Travel costs to health establishments deter those seeking medical care and directly affecting access to care. Many cannot afford to take a taxi or bus to a hospital or clinic. When clients who visit the mobile clinic need follow-up appointments elsewhere, it would be important to consider transportation needs. Providing bus tickets or vouchers help aid in transportation. As not all health concerns will be addressed with the mobile medical clinics, it is important to establish good relationships with neighboring resources. Ensuring achievable and workable plans for clients outside of the mobile clinic will decrease individuals getting “lost in the system.”

Financial Partnerships and Support

Financial partnerships and support for the mobile clinic are critical as start-up costs will be significant for vehicle and equipment requirements. There would then be staff salaries, medical supplies, gas, maintenance costs and more to consider. The mobile clinics run out of Southern Health-Santé Sud, and Interlake-Eastern Regional health authorities have budgeted to have annual operating costs of \$1.1 million dollars including staff salaries (17). These rural mobile clinics are fully funded by the Manitoba provincial government to increase access to health care for rural communities (18). The health authority leases the mobile unit through the Manitoba Vehicle Equipment and Management Agency (18). Partnering with the provincial government and the Winnipeg Regional Health Authority would be essential in the start-up of this project. This project will ultimately improve access to health care for vulnerable populations, and will decrease health care costs by relieving the stress and amount of visits to the emergency rooms by this population, and from managing minor ailments before they become more serious and require more costly care. Grants, private foundations, and corporate sponsorships can also be important sources of funding for the mobile clinic (7). Getting involved with the United Way of Winnipeg would be beneficial as they have such a prominent role in supporting Winnipeg organizations that help those living in poverty. It would also be valuable to get the Homelessness Partnering Strategy Against Homelessness of the Canadian federal government involved in the project to discuss funding (12).

Advertising

Advertising for the mobile clinic through pamphlets, flyers, or posters distributed to local ‘hangouts’ such as bus shelters, local missions, Salvation Army, food banks, and medical institutions. Listing the services provided, possibly using pictures to address literacy or language concerns, and the location and schedule of the mobile clinic will promote services offered (14). Emergency Departments, the police, community workers and shelter staff can mention the mobile clinic services and explain more for potential clients’ questions. The more information affiliating resources have about the mobile clinic, the more those in need will learn and know. Outside notice boards announcing services provided by the clinic will attract clients (14). The outreach workers will address questions potential clients may have about the services provided. It would be beneficial to have mobile heaters outside the mobile unit to provide a warm waiting place for clients (14). Local grocery stores or markets may donate food and drinks to be handed out by the mobile clinic (14). It is essential to utilize multiple approaches to promoting the services provided by the mobile clinic to reach those who would benefit.

Safety

Safety is important when providing an outreach program to vulnerable populations (14). The staff of the mobile clinic will require a special training course in safety and will have protocols or code words in place for particular scenarios that can arise in or outside the mobile clinic (7). Some mobile street clinics require their staff to wear duress alarms and have alert buttons in the clinic if any problems were to arise (14). It is imperative to have an easy exit door and strategy for staff when clients are actively in the clinic (14). Informing local police and the downtown Winnipeg City Watch Team of the mobile clinic locations could also be beneficial as

a safety strategy for the clinic. Safety is important not only for the staff but also for the clients of the mobile clinic. Knowing when to call for backup is essential.

Conclusions

“Something good will happen - I have positive thoughts. I take it day by day.”

-anonymous Winnipeg Street Health
Report Survey Participant (2)

The state of our healthcare system continues to be of much concern regarding its ability to provide equal access to care for all Manitobans. We need to refuse to turn a blind eye and disregard the state of health of our homeless and vulnerable populations. We need to fight for their rights to have equal access to non-judgemental healthcare and to have their health valued. We need to continue to press forward as a strong voice and educator for these people, their needs, and their well-being. Through this project, we can conclude that there are different ways we can provide healthcare to this population that would be beneficial not only to them but the health care system of Manitoba as a whole. Further research on mobile medical clinics in Canada that treat homeless and vulnerable populations can determine if these services are making a difference and are a worthwhile investment. We will not see an improvement in this population's health until we have successfully implemented primary care services unique to their needs and a mobile medical clinic shows promising opportunity.

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