Co-RIG Project

Improving Care in the Shelter Community: The CARE model

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Project location: Toronto, Ontario

Summary

The COVID-Alert Risk Evaluation and Management (CARE) model developed by the the population health services team at Inner City Health Associates (ICHA) helps primary care teams and shelter operators identify the most vulnerable within the shelter community, mitigate risk and spread, and drive COVID-19 prevention and recovery efforts across Toronto. CARE was introduced to help strengthen primary care connections with shelter operators and community partners. At the same time, evaluation data offered insight into the impact of COVID-19 on shelter clients and the system as a whole.

Faces of COVID-19

A multi-layered approach to supporting Maria

Maria, age 68, works part-time and lives in a downtown shelter for older adults experiencing homelessness. Using the CARE assessment tool, the CARE team was able to identify the region as a hot-spot for high risk clients. Working with shelter staff Maria was identified as high risk for severe outcomes of COVID-19 due to her age and cardiovascular disease and diabetes.

At the shelter where Maria lives, staff and the ICHA's population health nurses worked together to implement COVID-19 prevention strategies including physical distancing and masks. Maria had a one-on-one consultation to discuss these measures and address questions, concerns, and misconceptions. They arranged on-site testing that accommodated Maria's work schedule.

By engaging with the CARE program, shelter staff had increased awareness of the specific substance use and mental health needs of clients such as Maria. Equipped with the right data and a deeper understanding of client conditions and challenges, shelter clients and staff can assess the most suitable substance use and peer-support programming and help connect community members to the kind of housing and supports they need to prevent a return to homelessness and precarious health.

Project detail

A recent Ontario study shows that people experiencing homelessness were 20 times more likely to be hospitalized for COVID-19 and five times more likely to die from it.[12] With nearly 6,000 people accessing Toronto's shelter system on a daily basis, there was an urgent need to identify those who were at the greatest risk for serious outcomes from COVID-19.[13]

Early in the pandemic, Dr. Aaron Orkin and an interprofessional team of family physicians, nurses, and other health professionals at Inner City Health Associates developed the CARE model.

With Co-RIG funding, the ICHA team introduced the CARE model across Toronto's shelter system, strengthening their connections to shelter operators and community partners and evaluating the impact of CARE.

The CARE model integrates two innovative approaches: a validated risk stratification tool for shelters to use to guide physical distancing and housing interventions; and an infection prevention and control strategy to prevent and mitigate COVID-19 outbreaks in shelters.

Impact

- **Enhancing family medicine:** The CARE model helps reduce the risk of complications and death from COVID-19 and helps create a connection to family physicians, primary care support, and other important community resources to address addiction, mental health, and housing needs.

- **Furthering research:** The generation of data helps public health, family physicians, and researchers understand and improve protocols to reduce infectious disease outbreaks in congregate settings and better support client health and well-being.

- **Person-centred approach:** The CARE program proved to be an effective tool in proactively identifying high-risk individuals and driving COVID-19 testing, supporting contact tracing, implementing isolation protocols, and managing referral and transport assistance to recovery sites for those who tested positive.

- **Building capacity:** The CARE model will support shelter operators into the future as infectious diseases can have a significant impact on congregant settings like shelters due to challenges of physical distancing and clients' pre-existing health conditions, including mental health and substance use. The risk stratification tool will also provide an informed and data driven approach to vaccination prioritization and outreach within the shelter system.

Results to date

- A total of 4,624 people experiencing homelessness across 173 shelter programs were assessed in the CARE program. Of those assessed 67.3 per cent of individuals were identified as low risk, 24.2 per cent were identified as medium risk, and 5 per cent as high risk. Based on individual risk, specific strategies were implemented to shield and protect clients from COVID-19.

- Forty infection prevention and control consultation visits were provided to shelters across Toronto; 120 shelter consultation reports have been prepared since initiation.

- Over forty health promotion visits were offered across shelters in Toronto.

- Numerous one-on-one consultations were completed with high-risk clients.

- Twenty-three webinars and education sessions were held to support uptake and use of the CARE program. The sessions were created for shelter staff and individuals working across various organizations to support and provide services to homeless individuals.

Methodology

- Implement the CARE tool and the infection control optimization strategy.

- Evaluate two primary outcomes for shelters: improved physical distancing and infection control.

- Assess infection prevention and control strategies three times to identify trends in improvements.

- Complete data analysis and use CARE to inform strategies for family physicians to provide high-quality primary care to people experiencing homelessness across the shelter system in a safe and equitable way.

- Use project results to advocate for long-term housing solutions for people experiencing homelessness across Toronto.

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"COVID-19 exposed the depth of Toronto's homelessness crisis and the inequities that produce and flow from it. Our communities and partnerships are core to mounting a strong, effective response to the pandemic and to maintaining the ongoing support that the homeless community requires."

– Dr. Aaron Orkin, project lead

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[1] Richard L, Booth R, Rayner J, Clemens KK, Forchuk C, Shariff SZ. Testing, infection and complication rates of COVID-19 among people with a recent history of homelessness in Ontario, Canada: a retrospective cohort study. *CMAJ Open*. 2021;9(1):E1-E9. Available from: **http://cmajopen.ca/content/9/1/E1.full**. Accessed May 19, 2021.

[2] City of Toronto. Daily Shelter & Overnight Service Usage website. 2021. **https://www.toronto.ca/city-government/data-research-maps/research-reports/housing-and-homelessness-research-and-reports/shelter-census/**. Accessed May 19, 2021.

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