MCEWAN HOUSING & SUPPORT SERVICES:

From Stigma back to Community
Stigma

- Stigma is “a Greek word that in its origins referred to a type of marking or tattoo that was cut or burned into the skin of criminals, slaves or traitors in order to visibly identify them as blemished or morally polluted persons.” (Healthline Network Inc., 2007) “Social stigmas can occur in many different forms… [in connection with] culture, obesity, gender, race and diseases… people who have been stigmatized feel….different and devalued by others. This can happen in the workplace, educational settings, health care, the criminal justice system, and even in their own family.” (Major, O’Brien; 2005)
SOCIAL DETERMINANTS OF HEALTH CONTINUE TO AFFECT CLIENT WELL-BEING
The people we serve continue to have complex social and health issues, including discrimination, poverty, unemployment, food insecurity and mental health challenges. Clients are also coping with rates of violence much higher than in the general population.\textsuperscript{1,2}

Figure 14
Proportion of Clients Experiencing Health and Social Challenges: Top 10 Challenges

- Discrimination / stigma: 81%, 77%
- Poverty: 72%, 70%
- Unemployment: 58%, 59%
- Food insecurity: 56%, 55%
- Mental health issues: 44%, 51%
- Unstably housed / homeless: 44%, 45%
- Other substance use/addiction: 40%
- Life / communication skills: 38%, 42%
- Past or current violence: 41%
- Racism / racial discrimination: 34%, 41%
Stigma categories:

- Social
- Cultural
- Professional
- Systemic
- Internal
The Domino Effect

- Barriers to Services & Resources
- Isolation
- Decreased Health & Mental health
- Increased Substance Use
- Low Self-Esteem
All the McEwan videos about the impact of stigma are the products of our community. They feature our community members courageously sharing their personal stories of the pain of stigma. More than that, they are conceived, produced, directed and filmed by community members with financial support from the M.A.C AIDS Fund.

The Video Collage & Video Portraits can also be viewed on LOFT’s website.

www.loftcs.org
The Service Coordination Program

The Service Coordination Program-2009
The program increases access to the continuity of health and community services for People Living with HIV/AIDS who are homeless, experiencing health/mental health/substance use crises, Experiencing multiple hospitalization, through the coordination and integration of services among HIV/AIDS based community agencies, and services from the health, shelter and housing services, and the mental health/addiction sectors, having 17 formal cross-sectoral partners. This includes access to Respite stays and 24 hour staff support.
Service Coordination Partners

- 2-Spirited People of the 1st Nations.
- Casey House.
- Fife House.
- Fred Victor Centre.
- McEwan Housing and Support Services.
- Prisoners’ HIV/AIDS Support Action Network (PASAN)
- Seaton House Shelter, Infirmary Program.
- Sherbourne Health Centre, Infirmary Program
- St. Michael’s Hospital, HIV/AIDS Psychiatry.
- St. Michael’s Hospital, Positive Care Clinic.
- The 519 Church St Community Centre, Trans Program.
- Toronto HIV/AIDS Network.
- Toronto People with AIDS Foundation (PWA)
- Action Positive
- Lativos Positivos
- Africans in Alliance Against AIDS (APAA)
- The Maple Leaf Health Clinic
The Partners
Services provided

- Coordinated Referrals and intakes
- Referrals prior to Discharge
- Intake within 2 business days
- Intensive Case management
- Community Nursing Case Management
- Primary Health Care Supports
- Psychiatric Assessments
- Crisis Intervention
- Access to Acute Health Care & Respite Stays
- Housing Support & access to Dedicated Units
- Benefits & Assistance
- Food & Nutritional Support
- ID Clinics
- Cultural Supports & Interpretation
- Justice Supports
- Harm Reduction & Addiction Supports
McEwan & Case Management

- Bear Witness
- Advocate
- Translate
- Interpret
- Resourcing
- Networking
- Counsel
- Life Skills/Activities of Daily Living
Service Coordination Stats & Outcomes 2011-12

Percentage of clients experiencing:

- 71.4% concurrent mental health and substance use issues.
- 95.5% mental health
- 47.6% Hep C co-infection

Outcomes

- 87.21% Housed
- 73.52% reduction in ER visits.
- 90.17% reduction in inpatient hospital stays.
Percentage of clients experiencing:

- 90% Concurrent mental health and substance use issues.
- 100% Mental Health
- 35% Hep C co-infection

Outcomes

- 85.5% Housed
- 95% reduction in ER visits
- 93% reduction in hospital days
ASH Outcomes 2011-2012

- Reduction in ER Visits 79%
- Reduction in Hospital Stays 72%
- Reduction in Withdrawal management visits 95%
ASH Outcomes 2012-2013

- Reduction in ER Visits 90%
- Reduction in Hospital Stays 85%
- Reduction in Withdrawal management visits 91%
OCHART Logic Model
“If community exists, both freedom and security may exist as well. The community then takes on a life of its own, as people become free enough to share and secure enough to get along.” (Putnam, D. 2000. Bowling Alone: The Collapse and Revival of the American Community, p. 19.)
McEwan’s GMA Program