

Strategies for Community Health Promotion

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In recent years, the economy of this city has been recognized to have the highest growth among all Canadian cities. The income from oil-sands has contributed significant growth in consumer spending and creation of new job opportunity. Due to this economic growth, Edmonton's population has been increasing significantly and more and more immigrants are coming to the city of Edmonton for a job opportunity and career development (Alberta Health Services [AHS], 2008). In one hand, Edmonton is one of the richest city in the province of Alberta, and on the other hand, despite the significant economic growth, a huge number of Edmontonians are poor and homeless. For example, in 2008 City Commission stated that Edmonton's poverty rate has been falling since 1992 from 21.4% to 11.9% in 2008, making a wide gap between the rich and the poor people. This study indicated that the widening gap between poor and rich

people further marginalizes the poor people and increase the risk for poverty and homelessness (Anielski & Johannessen, 2008).

According to the Edmonton Committee to End Homelessness (2010), there are about 2500 homeless. As of the 2010 homeless count, 70% of the total number of homeless in central Edmonton are male and remaining 30% are female (Sorensen, 2010). However, due to the non-visible homeless, which are difficult to keep track, could increase the actual count of 2010. Alberta Health Services (AHS) (2008) stated that low income, unemployment, drug and alcohol addiction, poor mental and physical health, disabilities, physical and sexual abuse, and lack of job opportunity are main factors to contribute the homelessness in the city of Edmonton. To end homelessness, the province of Alberta and the city of Edmonton has launched a joint-venture program aiming to solve

homeless by 2019 by adopting a “housing first” approach. Under this approach, Government of Alberta and City of Edmonton are investing significant amount of money in rapid re-housing program. In this regard, his paper is a proposal to support the “housing first” program and policies adopted by the government of Alberta and City of Edmonton to end the homeless by the year of 2019. This client-centered support program proposal is aimed to preventing homelessness and assist government’s program to end the homelessness. In this paper, goal, objectives, required cost and resources for the proposal are described, followed by an evaluation strategies.

Community Diagnosis

Based on the assessment, conducted in earlier exercise, following community diagnosis had been concluded. Lack of health care access and resources among homeless people related to psychological barrier and inadequate knowledge about the illness and available health care resources as evidenced by

high mortality rate, low life expectancy rate, high incidence of preventable disease such as HIV and AIDS.

Proposed Program: Objectives, Goals and Outcomes

Based on the community diagnosis, as mentioned above, a program has been purposed in this paper. The name of the program will be “Bread, Butter and Shower”. The “Bread, Butter and Shower” program will cover at least 20 percent of total homeless population of downtown Edmonton. Beside, this proposed program will also support and assist the current Government of Alberta and City of Edmonton program to end the homelessness by 2019.

The “Bread, Butter and Shower” program will be operated by post RN in collaboration with nursing staff from Edmonton local public health care agency and volunteers from the local Edmonton community. This is a student led program and mainly intended to offer basic food, nutrition and hygiene services to the visible homeless population in the central

downtown Edmonton. Upon approval of the funding, the proposed program will act as a bridge between the homeless people and the local resources to promote health and wellness of the homeless people. Beside, this proposed program will also assist government's plan to end homelessness by 2019.

Authors Khandoor and Mason (2007) conducted a study on Toronto's homeless people and found out that significant number of homeless people had difficulty finding a place to perform their daily hygiene such as bath and wash their cloths. Therefore, the purposed program will provide opportunities for these Edmonton downtown homeless population to perform their routine health and hygiene practice. Similarly, authors such as Krusi, Fast, Small, Wood, & Kerr, 2010; Murphy (2006) stated that homeless people often feel stigmatized and discriminated by healthcare providers which ultimately forces them to refuse to access the government assistance.

Mainly, the main goal of the "Bread, Butter and Shower" program is to connect these visible and invisible homelessness and provide information about local resources and funding provided by the government. However, first priority is to gain the trust from homeless clients because study shows that many homeless people are not ready to trust public agencies because of their past experiences such stigmatization and discrimination (Whitbeck, 2009). Therefore, non-judgmental, unbiased and professional relationship will be established to gain the trust to build therapeutic relationship. After gaining the trust, the program will assist homeless client to use available resources. By utilizing the resources, client will be aware of available opportunities to find long term homes, which eventually help Government of Alberta and City of Edmonton to end the homelessness by 2019. Beside, this proposed program will also serve these population in two different ways. First, the program will

provide homeless people access to basic human right such as health, hygiene, food and nutrition; and second, it will help them gain access to health and social services that is available to them. The nursing staffs and volunteers will create a referral system to meet following core objectives of the program:

- The program will promote the dignity of homeless people by giving them a chance to maintain hygiene and increase self-efficacy.
- The program will help identify and recognize the visible and non-visible and acute or chronic homeless population in the city of Edmonton.
- The program will encourage the participating homeless people to reconnect with the local healthcare system for their health care needs.
- The program will provide necessary information find a home and be self-sufficient.
- To meet the program's targets, the following goals are set:
 - As a short-term goal, by the end of the sixth month of program initiation, at least 100 homeless clients will be served;
 - As a long-term goal, by the end of the first year of operation, 500 clients will be served;
 - As a long-term goal, by the end of the first year at least 400 homeless clients will be able to verbalize the knowledge of available program, services and resources available for them; and
 - Out of these 400 homeless clients at least 200 clients will accept the referrals made by the programs and maintain the appointments for the referrals.
 - During the duration of the program, effective working relationship will prevail among the program staff, volunteers, clients and stakeholders as evidenced by non-interruption of program delivery;
 - By the end of each session, nurses will be able to establish a professional relationship with the client as

evidenced by satisfactory verbal feedback from clients; and

- By the end of the first year, staff will gain more knowledge about the homeless clients, available resources and community development skills as evidenced by increased knowledge of homeless epidemiology, their needs, stories and basic knowledge of community program development.

Target Aggregate Population

The proposed program will include all visible and non-visible, and male and female homeless youth of the downtown Edmonton. The geographical boundary is taken from Edmonton City Police (2012) downtown boundary which is surrounded by approximately east of 111 street, west of 97 street, north of 89 avenue, and south of 106 avenue. Detail map is presented in Appendix A, later part of this proposal. According to Wright & Tompkins (2006), homeless people are often mobile and identification is often a complex process, therefore, this proposal expects to cover only about 20 percent of

total homeless in this area. According to the United Nation World Health Organization (2010), there are mainly two kinds of homelessness, such as (1) absolute homelessness; without any physical shelter, and (2) relative homelessness; where homeless people are resided in a substandard home and shelter. In order to optimize the services, this proposed program will address the need of absolute homelessness who are residing in the street of core downtown area. Similarly, this proposed program will take care of basic hygiene and food needs of absolute homeless only. According to Frankish, Huang & Quanz (2005) and Human Resources and Skills Development Canada (HRSDC, 2011), absolute homeless are all homeless living outdoors in the street.

Socio-Environmental Approach

The proposed program will be based on socio-environmental approach. Therefore, the program is aimed to promote supporting environment for the homeless people to find long-term

solution. The proposed program therefore, address the determinants of health of the homeless people to identify the root cause of the homelessness. Literatures has suggested that problem of homeless is directly associated with the poverty (Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler, 2008). Many studies have shown that low socioeconomic status, generally measured by poverty, income and education, is strongly associated with higher mortality (Nancy & Newman, 2012). These differences are believed to exist because income, education, and occupation are markers for the various socioeconomic and health conditions of the community. Poverty also creates health inequities and health inequities put these vulnerable homeless people to a greater risk for multiple health and social problems. According to the authors Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler, when a person or a family falls into the vicious cycle of poverty and homelessness, the escape is very difficult

without any appropriate assistance and help from the government and the community. Thus, the proposed program will act as an additional brick and it will help homeless people to escape from this vicious cycle of poverty and homelessness. Health promotions begins with teaching. As suggested by authors Vollman, Anderson & McFarlane (2012), by providing appropriate knowledge, the proposed program will empower homeless clients to control over environmental and behavioral issues to increase their health and wellness. This strategy will also enable local to identify the strength and resources to promote healthy lifestyles.

Healthier lifestyle choices are lower priorities for majority of the people living in socio-environmental risk condition such as poverty (World Health Organization [WHO], 1984). Therefore, the proposed program will address this issues and help homeless people to identify healthier lifestyles choices, such quitting smoking, drugs and alcohols. As

suggested by Ottawa Charter for Health Promotion (WHO, 1986), the proposed program will also help homeless people to control and improve their health by knowing and utilizing the local resources such as shelter, funding, food, alcohol cessation program, smoking quitting program, drug rehabilitation program, mental health program and hygiene in the available in the community.

Financial and Non Financial Resources

Authors Stewart, Reutter, Letourneau, Makwarimba & Hungler (2010) stated that public health nurses are an integral part of the health care system where nurses identifies the need of the community and encourage the people to access available community resources and health care services. Therefore, the proposed program will utilize nursing skills to assess, diagnosis and plan for the need of homeless people. When dealing with the vulnerable population, such as homeless people, it is very important to provide them a social and emotional support in non-threatening

manner (Khandoor & Mason, 2007; Martins, 2008). In the community health care setting, nurses are often dealing with the patient from vulnerable population. Therefore, non-threatening, respectful and non-judgmental approach is essential to enhance the trusting relationship between nurses and homeless clients (Belcher & Jones, 2009). The trusting relationship will help nurses and program “players” to create a therapeutic relationship between the clients. The nurses will provide emotional, affirmation, instrumental, and information support to the homeless clients. Staffing and responsibilities are further discussed in Appendix E.

One of the major activities of the proposed program will be identifying the local strength and resources to implement the project. As suggested by Stewart, Reutter, Letourneau, Makwarimba & Hungler (2010) and Morris & Strong (2004), nurses will be responsible to collaborate with other institution and professionals to achieve

the goal of the proposed program. Upon approval of the funding for the proposed program, a steering committee will be created. This steering committee, consisting nurses, volunteers and representatives of stakeholders will form a organization to initiate the program. The program staffs will be responsible for providing information to the homeless clients. Some of the example of the information includes locally available healthcare services, social services, temporarily housing services, homeless shelter services, and local, provincial and federal funding opportunities.

Program Costs and Resources

Estimated amount of 50,000 thousand dollars will be generated from the contribution from local sponsors, and community events. Staffs, stakeholders and clients will be encouraged to participate in a variety of program to generate revenue. The program will be launched at least for one full year. The effectiveness of the program will be reevaluated; and based on the revaluation

and the availability of the resources, the program may be continued for 2 more years. For detailed breakdown of cost, refer to Appendix B. The human and staffing resources will come from nursing students, nursing staff from local community centers, community volunteers and homeless clients. Homeless clients will be encouraged to be a volunteer in the program which also create a sense of belongings into the program. For a more detailed information regarding human resources allocation, refer to Appendix B; and for program schedule and deliverables refer to Appendix C; for program operating procedures, refer to Appendix D, and for organizational structure and responsibility, refer to Appendix E.

Program Planning and Activity

Community program is not sustainable and viable without the interest and participation of the interest target populaton (Stamler & Yiu, 2012). Therefore, since the beginning of the program, the proposed program will

spend some of its resources for marketing. All visiting homeless client will be offered to be a volunteer helper which will also increase the direct participation and sense of belongingness in the program.

To achieve the “Bread, Butter and Shower” program’s objectives, the following activities will be implemented:

- The program will provide free breakfast, lunch and supper every Mondays, Wednesdays and Fridays from 9:00 am to 5:00 pm and Saturdays from 10:00 am to 6:00 pm;
- The program will provide a bathroom and shower facilities for the homeless client to practice their personal hygiene every day from 9:00 to 1100 am;
- The program will provide volunteer opportunities within the program for homeless people to gain work experience;
- The program will create various activities during breakfast, lunch, supper and shower activities to

establish the trusting relationship between staffs and the clients;

- The program will utilize nursing students and staffs to collect data to make it available to other healthcare agencies and researchers;
- Thru the nursing staffs and volunteers, the program will provide information about available healthcare resources, funding, government programs and other social services during the client’s visit, based on need and assessment;
- The program will conduct a series of marketing campaign to increase the number of visiting clients; and
- The program will periodically evaluate the program effectiveness and benefits to review the meaning of the program in the downtown community and homeless clients.

Program Evaluation

To monitor the progress of the “Bread, Butter and Shower” program, the following strategies for evaluation will be implemented:

- Anonymous questionnaires will be distributed among the clients on every visit to monitor their satisfaction with the services offered by the program. This strategy will measure whether the program objectives are accurately addressing the needs of the clients;
- Census and attendance will be taken to keep track of the number of client visiting the program;
- Incident report will be created when clients are mistreated by the staffs or vice versa.
- Monthly audit will be conducted to accurately keep track of all income and expenditure, which will help management to ensure program viability; and
- Success of the program will be gauged by the number of clients who visited and gained information from the program.

Conclusion

In order to achieve the goal of the proposed program goal, it is very important to identify the underlying

issues and needs of the aggregate population. Therefore, the proposed program will begin with identifying and recognizing the homeless population and their immediate needs. In order to solve the homeless problem in the Edmonton city, the most important task is reaching and sharing the information of available resources and program to the homeless people. Once the homeless people receive the information, motivation task becomes much easier. The purposed “Bread, Butter and Shower” program will identify and recognize the need of these marginalized and vulnerable homeless people currently residing in the street of Edmonton. The program is mainly aimed to make these homeless people aware of available helps and support in the local community. Through cooperation and collaboration among various government and non-government sectors in the community, the proposed program will be an initial step to connect these homeless people to the available community supports and

resources provided by the government
and non-government agencies.

References

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