Agenda

Registration & Welcome *Refreshments Served* Land Acknowledgment	All participants	1:15pm- 1:30pm
Presentation: "Supporting Precariously Insured People Living HIV"	Sarah Ionson (Blue Door Clinic) & Simran Kaur (Fife House)	1:45pm - 2:30pm
Wellness Break Ice Breaker	Felix Salazar Holguin (PWA/ Latinos Positivos)	2:30pm - 2:45pm
ASO & Community Partner Knowledge Exchange	All participants Facilitated by: Dale Maitland (CAAT)	2:45pm - 4:15pm
Closing Remarks & Departure	Nkechi Ugwu (Blue Door Clinic)	4:15pm - 4:30pm

Land Acknowledgement

The Toronto PWA Foundation recognizes that the work we do within the modern day City of Toronto, takes place on the historical and traditional territory of many Indigenous nations including the Anishnawbe, and Wendat peoples, and more recently the Missisaugas and Haudenasaunee nations, and is now home to many diverse First Nations, Metis and Inuit people from across Turtle Island.

By making this acknowledgment, we strive to be allies and take an active part in reconciliation by honoring the land, history and unique Indigenous heritage and culture within the City of Toronto. This fosters our commitment to the recommendations set forth by the Truth and Reconciliation Commission.







Supporting Precariously Insured People Living With HIV

A presentation prepared for AIDS Service Organizations and Community Partners

Simran Kaur, RSW & Sarah Ionson, RN

August 29, 2023

Funded by:



Agence de la santé publique du Canada

Public Health Agency of Canada

Learning Objectives

- 1. To understand the services provide by the Blue Door Clinic and its model of care
- 2. To understand the different pathways that lead to being precariously insured
- To understand the specific challenges and barriers in accessing healthcare faced by individuals living with HIV with precarious insurance
- 4. Provide available tools/resources/ supports to increase capacity to provide support to precariously insured populations



Group Question:

Does your organization provide services to precariously insured clients?

Do you work directly with precariously insured clients?



Blue Door Clinic is located on the 2nd floor of Regent Park Community Health Centre Open every Monday 9:30am-12:30pm

<u>R</u>

Satellite clinic every Thursday 9:00am- 4:00pm at Casey House

- HIV primary care clinic for precariously insured persons living in the GTA
- 4-10 clients seen per week with additional nursing follow up visits in between clinics
- Both newly diagnosed HIV+ clients and follow-up appointments
- Clients receive care from multidisciplinary team (case manager, registered nurse, doctor/nurse practitioner, peer worker etc.).
- *NEW host* starting October 2023 all clinic days will be located at Casey House!!!







Our Purpose:

- Response to the growing reality that many individuals living in GTA, diagnosed with HIV have limited or no health insurance to secure the treatment/ testing now considered standards of care in Ontario
- Since 2017, service providers in Toronto reported an increase in this population and the need for service
- For example, Hassle Free Clinic, the largest provider of HIV testing services in Toronto, reported 40% of clients testing HIV-positive in 2017 had inadequate health insurance or no coverage at all including many people here as international students, people with visitor visas, work permits etc.





Our History:

- In August 2019, The Blue Door Clinic opened for service at Regent Park Community Health Centre
 after a year of collaborative planning (and years of dreaming) amongst a group of community health
 providers, HIV service organizations and HIV activists with lived experiences.
- The group conducted community needs assessments and focus groups with affected community members to co-develop the clinic service model.
- 10 community agencies and groups came together and developed the Blue Door Clinic, with the goal of supporting People living with HIV & AIDS (PHAs) with limited or no health insurance.
- Partner agencies meet monthly as a Steering Committee and commit to contributing in-kind support such as physician/ nursing staffing support, administrative support, IT support, office space, human resources infrastructure etc.
- Other funding sourced through community donations, grant applications etc.



Our Community Partners:











ONTARIO HIV TREATMENT **NETWORK**









CSSP Centre for Spanish Speaking Peoples CGHH Centro para Gente de Habla Hispana













Our Clients:

- provided HIV primary care to 250+ people since opening August 2019
- currently providing care to 120+ active patients
- face unique challenges and many intersections of marginalization
- 40 + different countries of origin
- 33% newly diagnosed with HIV
- 10% have advanced untreated HIV/AIDS





Who is eligible:

- Must be living with HIV
- Must be living within the Greater Toronto Area (GTA)
- Must be non-insured/ under-insured

This includes (but is not limited to) temporary immigration statuses such as:

- People with international student visas without an adequate health coverage plan
- People with work permits without an adequate health coverage plan and are NOT eligible for OHIP
- Permanent residents who are ineligible for OHIP
- Newcomers awaiting inland processing and review of their immigration and refugee applications
- people with active visitor visas
- Canadian-born individuals who do not have adequate identification due a variety of adverse life circumstances

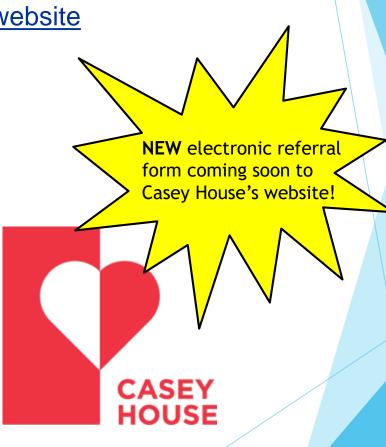




Referral Process

- Healthcare provider, community agency & self-referrals accepted
- Fax or email completed referral form
- 1 page referral form located on <u>Blue Door Clinic website</u>

465 Dundas Stree Phone: 437-235-7 Fax: 416-364-082 www.bluedoorclin	423	Floor, Toronto, O	ntario M	15A 2B2			<u>@</u>	blue door clinic
Blue Door Clinic pro includes (but is not visas, newcomers a visas who are not e identification due a full range of HIV car	limited to) ten waiting inland ligible for care variety of adv	nporary immigration of processing and real of through a commi	n statuse eview of inity hea	es such as their immig Ith centre,	migrant v gration an Canadian	workers and those a d refugee applicatio -bom individuals wh	waiting renewe ns, individuals o o do not have a	d contracts or work with active visitors adequate
	nd other healt	th conditions, labor	atory tes	ting, immu	nizations,	connection to medi	cation access p	e practitioner, rograms, referral to thcare when eligible.
Patient Information	n: *To assist	the intake process	, please	provide ar	ny many d	etails as possible		
First Name:				Last N	ame:			
Date of Birth:		Gen	der:			Phone Number:		
Address:					Email:			
Immigration Status:					Date Ar	rived in Canada:		
Languages Spoken	:				ı	nterpretation Requi	red: □YES/	3 NO
Year of HIV diagnos	iis:			Countr	y of HIV d	lagnosis:		
Is this person curre	ntly taking me	edication for the tre	atment o	fHIV? C	YES/	NO		
Name(s) of HIV Me	dication:					# of doses remain	ing:	
Referral Information	n: C	OMMUNITY AGEN	CY	□ HEA	ALTHCAR	E PROVIDER	□ SEI	F-REFERRAL
Date of Referral:					Agency:			
Contact Person:					Email:			
Telephone:					Fax:			
Additional Informa	tion:							





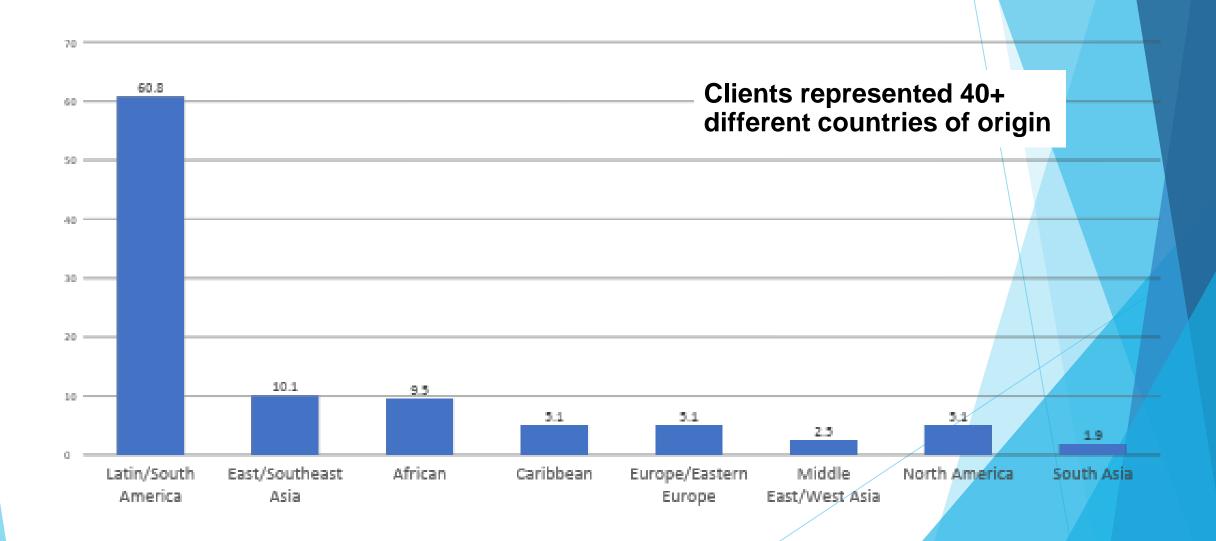
Client Demographics

N = 159

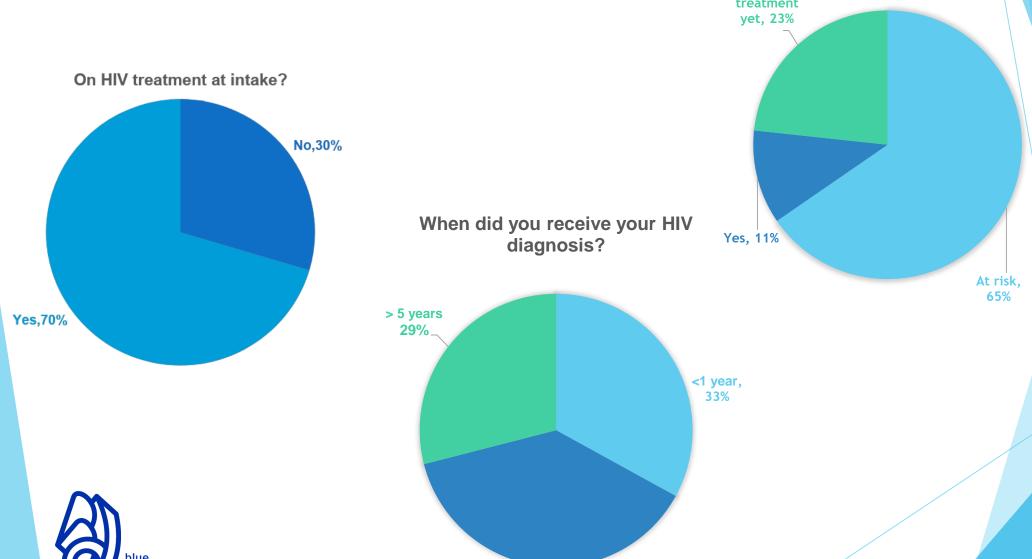
* data from Sept 2019 - June 2022

Age (Mean, SD)	33.87 , 8.56		
Gender Male Female Transgender	142 (89.3) 14 (8.8) 3 (1.9)	Racial group Black / African Caribbean Asian Latinx	25 (15.7) 22 (13.8) 102 (64.2)
Sexual orientation Gay Bisexual Straight	125 (78.6) 13 (8.2) 21 (13.2)	White/Caucasian	102 (04.2)
Immigration status No official status Work permit Student visa Visitor visa Pending PR/PR Naturalized Citizenship	18 (11.3) 10 (6.3) 34 (21.4) 90 (56.6) 4 (2.5) 3 (1.9)	Prefer language use with providers English Spanish Portuguese Chinese (Mandarin + Cantonese) Other Languages	62 (39.0) 73 (45.9) 16 (10.1) 6 (3.8) 2 (1.2)

Countries of Origin



Accessing Care & Medication at Intake HIV treatment interruptions? Not on treatment yet, 23% On HIV treatment at intake? No,30% When did you receive your HIV Yes, 11% diagnosis?



1-5 years, 38%



Clinic Services = HIV PRIMARY CARE

- HIV Primary care = family medicine + HIV specialist care
- health assessments provided by a doctor/ nurse practitioner
- treatment for HIV and other health conditions
- laboratory testing and coverage of laboratory fees
- immunizations
- connection to medication access programs
- referral to specialists, if needed
- referral to community supports (e.g. housing, legal, settlement etc.)
- referral to ongoing healthcare when eligible

All services FREE and confidential



Primary Care Needs

- Holistic primary care:
 - mental health support
 - case management support
 - support related to social determinants of health
 - psychosocial support
 - legal/immigration/ settlement/ housing support
- HIV care that recognizes compounded barriers
- Non-HIV medical conditions:
 - 75% mental health care related to PTSD, trauma, depression, anxiety, addiction, ADHD, new HIV diagnosis etc.
 - 30-40% need medication for depression, ADHD or other mental health issues
 - 25-30% chronic conditions (e.g. hypertension, diabetes, lipid reduction agents)
 - 10-15% referrals to non-infectious disease specialists (Oncology, Dermatology, GI, Endocrine, Ophthalmology etc.)

HIV Patient Support Programs ("Drug Cards")



Pharmaceutical company ViiV covers the cost (for eligible clients) for HIV medications:

- Triumeq, Tivicay, Trizivir, Viracept, Retrovir, Telzir, Celsentri, Ziagen, Dovato
- ViiV Patient Support Program: https://www.viivsupports.ca/.
- Call 1-855-525-5300 (Monday to Friday, 8 am-8 pm EST)



Pharmaceutical company Gilead covers the cost (for eligible clients) for HIV medications:

- Biktarvy, Complera, Descovy, Genvoya, Odefsey, Striblid
- ► Gilead Patient Support Program: https://mymaxsupport.ca/.
- Call 1-855-711-4MAX (4629) between 8 am and 8 pm EST Monday to Friday.

Referrals to services at discharge

N = 159

* data from Sept 2019 - June 2022

N = 159	N(%)
Have you been referred to other community-based organizations?	
Yes	152 (95.6%)
No	7 (4.4%)
If yes, Types of Referrals (Check all that apply)	
Mainstream ASO	140 (92.1%)
Ethno-ASO/ Peer network	125 (82.2%)
Legal	101 (66.4%)
Social services (Settlement/Housing/Food)	49 (32.2%)
Community health centre	31 (20.4%)
HIV primary care physicians	22 (14.5%)
Other	2 (1.3%)

Community partnerships are at the centre of our success!



Blue Door Clinic Wise Practices:

What do clients say is working well at Blue Door Clinic?

Service providers are committed, compassionate, flexible and professional

Language specific services with support from Peer Navigators and Case Managers

Humane and affirming care where clients feel integrated into a support network

Holistic approach to case management addressing clinical and psychosocial needs

Timely and coordinated access to starting and bridging treatment access

Continued to operate (in fact increased hours) in person during/throughout pandemic



Our Impact:

"....they are much more comprehensive in their medical care. And they don't just specialize in HIV and that's it. As the topic of the vision of health is much more holistic than you imagine. And the rest of those who work there, they also do it that way. The nurses, very empathic, very human, very helpful. Very sensitive. And the experiences make them change so much the self-esteem of the person who arrives, that normally you already carry the stigma of the disease. ...you find yourself with a totally different panorama in which they make you feel seen as a human being, this sensitive one and then that has great value in the treatment of those of us who have had this experience with the Blue Door Clinic...."

"I feel I did not only get treated as a patient, but I was integrated into a whole support network."



Challenges and Areas for Growth:

Resource Related Factors:

- No core/ sustainable funding sources- rely on community partner donations/ pharma project based pilots/ PHAC and other grant sources
- Limited capacities for multilingual resource development

Operational Capacities:

- Limited access- not client centred timing no evenings, no walk-ins etc.
- Lack of continuity of care due to rotational staff schedule
- Challenges co-ordinating follow up needs- one Clinic Nurse Coordinator for 120+ patients!
- Not designed for long term primary care provision
- Mandated restrictions -unable to care for non-insured HIV negative partners

Systems and Structures:

- Shift in focus to HIV prevention- prioritizing access to PrEP
- Call to "equalize"- disparity in access to HIV care for racialized/ marginalized populations
- Lack of ongoing funding for a growing, underserved population, especially post COVID, current provincial political climate, post March 31st end to hospital billing codes
- General shortage of HIV primary care providers accepting new patients and especially non-insured
- Lack of HIV experienced providers especially outside the GTA

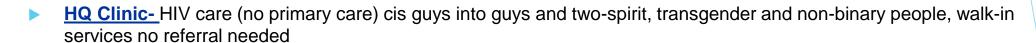
Group Question

Where else can precariously insured people access free HIV related healthcare?



Non-insured HIV care partners within the GTA

- St. Michael's Hospital Positive Pregnancy Program, "P3"- clinic that is anonymously blended into and runs out of the prenatal clinic at St. Michael's. Sees individuals and couples in which one or both partners are HIV+, before (prepregnancy), during and/or after pregnancy. Referrals can be faxed to 416-867-3742 attention: Dr Yudin. To maintain Patient privacy, please put 'P3' on the cover page
- Women's Health in Women's Hands Community Health Centre- Specialize in the health and wellness needs of racialized women and prioritizes those from African, Caribbean, Latin American and South Asian communities. HIV primary care available. Email intake form to Irene irene@whiwh.com



- Regent Park Community Health Centre- Wednesday One Stop Walk-In (WOW)- low barrier weekly walk-in clinic with a focus on providing care for people who are homeless, marginally housed, seniors with cognitive impairment and people with mental illness living within Downtown East catchment area.
- Partnerships with private physicians/ nurse practitioners/ clinics (e.g. Maple Leaf Medical, Church Wellesley Health Centre, The PrEP Clinic)
- Inner City Health Associates –MD/NPs provide HIV care for clients experiencing homelessness, living in shelter system

Street Health- NPs provide primary care including HIV care for non-insured, people experiencing homelessness, harder to reach populations etc.















Non-insured HIV care outside the GTA

- Most HIV care outside GTA provided in hospital outpatient clinics (e.g. London, Windsor, Kingston)
 - ➤ OHTN Rapid Linkage to Care Initiative covers cost of all non-public health labs, diagnostics, specialists (if enrolled)- Email sarahi@regentparkchc.org to obtain client registration forms
 - Hospital fees, consult fees need to be negotiated by outpatient clinic/ social worker or client negotiates directly with hospital billing department
 - Blue Door Clinic/ OHTN working to address this gap after PHSUP pandemic response funding ended
- Many Community Health Centres (if client eligible e.g. expired visitor visa) do not provide HIV primary care services
- Hamilton area- <u>The AIDS Network</u> support workers can refer to ID specialist and cover fees at the <u>Special Immunology Services (SIS) Clinic at Hamilton Health Sciences</u>.
- Niagara area- no HIV care in region at all, all clients (insured and non-insured) referred to Hamilton Health Sciences Special Immunology Services (SIS) Clinic and local ASO- Positive <u>Living Niagara</u> arranges appointment transportation
 - When in doubt- contact local ASO re: accessing precariously insured HIV care within region





Let's connect

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Clinic Nurse Coordinator

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Fax: 416-364-0822

Email: sarahi@regentparkchc.org
Website: www.bluedoorclinic.org

Pronouns: she/her/hers

Simran Kaur, RSW, MSW Program Manager Linkage to Care Program Fife House

Cell: 647-407-6245

Fax: 416-548-7232

Email: skaur@fifehouse.org

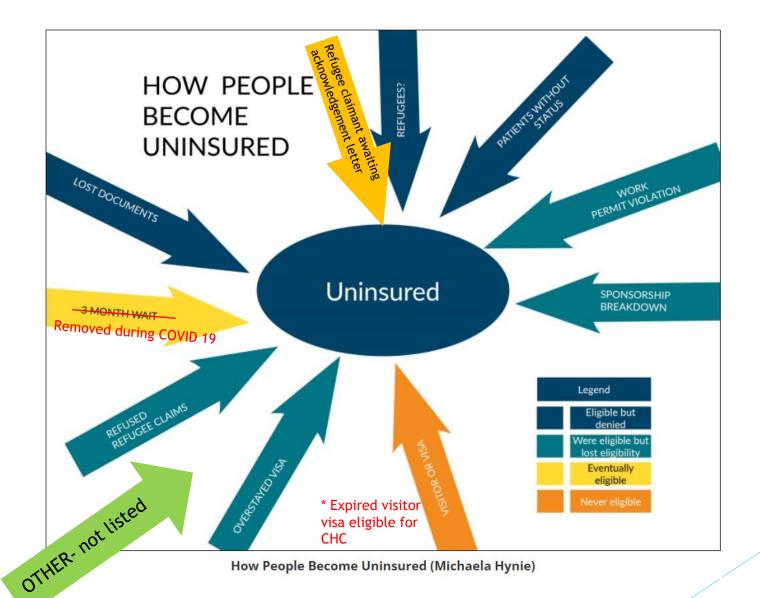
Pronouns: she/her/hers



www.bluedoorclinic.org

Who are the Precariously Insured?







Source: https://www.wellesleyinstitute.com/health/now-is-the-time-improving-access-to-health-care-for-people-without-insurance

Types of Immigration Applications common for our client population

- Study Permit (6 months or less vs. more than 6 months) also "International Students"
- Work Permits (Employer Specific vs. Open vs. Post Graduate) & (Full time vs. Part time)
- Permanent Resident/ Temporary Resident applications (e.g. Express Entry for skilled workers, Family/ Spousal Sponsorship, many more)
- Refugee Claim (claim made at border vs. claim made after entry vs. claim made at IRCC or CBS office)
- Humanitarian and Compassionate Claim (H&C)
- Visitor Visa (valid- can be extended vs. expired)
- Non-status (e.g. any expired/ overstayed visa or rejected application where the person did not leave Canada)

*IRCC= Immigration, Refugees and Citizenship Canada

*CBS= Canadian Border Security



Source: https://www.canada.ca/en/services/immigration-citizenship.html

Who are the precariously insured or Non-insured?

Status	Different groups	
With status but non-insured or precariously insured	 New immigrants or PR in 3 month OHIP waiting period Migrant workers international students 	
Status pending	 applicants with pending inland sponsorship humanitarian and compassionate applicants (H&C) waiting to start application for status but not yet started 	
Between statuses or without status	 Visitor visa Temporary foreign workers between contracts Students graduated but waiting for work visas Rejected refugee claimants who are not deported Those who lost sponsorship due to relationship breakdown Those who lack ID to verify their status due to social situations (e.g. homelessness) 	

3 month waiting period for OHIP now waived for those who are OHIP eligible



Source: https://www.bluedoorclinic.org/home/learningevent2021

What are the health care & treatment support gaps?

Status	Health care	Lab tests	Medication coverage	Social assistance
 New PR waiting for OHIP Migrant workers international students 	None	None	None	None
	Limited	Limited	None *	None
	Limited	Limited	Minimal	None
Sponsorship pendingH&C applicantsApplication pending	None	None	None	None
	Maybe	Maybe	Limited	Limited
	None	None	None	None
 Visitor visa Workers between contracts Graduates waiting for work visas Rejected refugee claimants Sponsorship breakdown Other Non-status 	Limited	Minimal	None	None
	None	None	None	None
	None	None	None	None
	Maybe	Maybe	Maybe	Limited
	Maybe	Maybe	Maybe	Limited
	None	None	None	None

e.g. OW/ ODSP

3 month waiting period for OHIP waived - for those who are OHIP eligible



Source: https://www.bluedoorclinic.org/home/learningevent2021

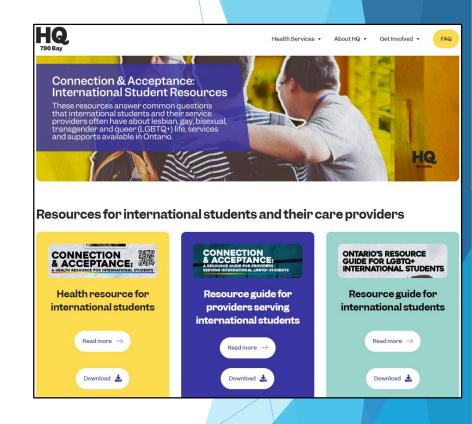
Types of Health Coverage & How to Access it

- 1. **OHIP** only permanent residents, convention refugees and some work permit holders are eligible to apply.
- 2. **IFHP (Interim Federal Health Program)** only refugee claimants and some permanent resident applicants (such as under Humanitarian & Compassionate Grounds) are eligible to apply.
- 3. Private Health Insurance provided through private companies to visitors, and some international students. Some will explicitly indicate that they do not cover chronic health conditions or pre-existing conditions. Some require paying first and reimbursement later. Some coverage requires pre-approval.
- 4. **UHIP (University Health Insurance Plan)** only available to registered international and exchange students registered in a degree program at approved universities or employed there.
- 5. Government-funded or Community-funded Clinics many receive funding directly from the IRCC and some are explicitly not funded to support individuals with "precarious" immigration status (i.e. temporary or transitionary)

Source: https://irb.gc.ca/en/applying-refugee-protection/Pages/index.aspx

Precarious Immigration Statuses

- International Students Access to health and drug coverage varies based on type of program and/or institution. Fear of disclosure to parents or school when accessing services.
- Work Permit Holders Can only access OHIP when have proof of full-time employment AND a work permit of at least 6 months. Working full-time hours on a contract is not an eligible employment status for OHIP.
- Visitor Visa Holders Some countries are visa-exempt when travelling to Canada. Others have an extensive application process. Some are required to purchase private insurance coverage.
- Non-Status Results after a visa has expired often as a result of limited finances, loss of employment, limited documentation, and lack of understanding about immigration system.









Français



Home > Health and wellness > Health cards, eligibility and coverage

Apply for OHIP and get a health card

The Ontario Health Insurance Plan (OHIP) pays for many health services you may need. Here's how to apply for OHIP and get a health card.



Download Registration for Ontario Health Insurance Coverage form

There is no longer a waiting period for OHIP coverage. If you are eligible, you will have immediate health insurance coverage. Find out if you qualify.

On this page

- 1. Health care in Ontario
- 2. What's covered
- 3. Who qualifies
- 4. Emergency authorizations granted for humanitarian reasons
- 5. How to apply
- 6. Reapplying for OHIP

- 7. OHIP for babies
- 8. OHIP for adopted children
- 9. OHIP for military family members
- 10. Visitors to Ontario
- 11. Requesting a review



Source: https://www.ontario.ca/page/apply-ohip-and-get-health-card

IFHP/ IFH (Interim Federal Health Program)

- ▶ If refugee claim made at port of entry IFH coverage= usually immediate
- If refugee claim made after arriving -waiting period for IFH = 1-3 months
- Some other immigration statuses are eligible to apply for IFH separately and are approved on a case-by-case basis (e.g. H&C)
- Do not need to wait for "brown paper" with photo, can use UCI # located on the top of "Letter of Acknowledgement of Claim"
- Some healthcare providers do not accept IFH as it requires a separate billing process
- For clients in need of expedited UCI# can email IRCC at <u>IRCC.IFHP-PFSI.IRCC@cic.gc.ca</u> and request "Acknowledgement of Refugee Claim and confirmation of IFH"





UCI:

Application Number

ACKNOWLEDGEMENT OF CLAIM AND NOTICE TO RETURN FOR INTERVIEW

Family Name

Given Name

irth: YYYY/M

This notice acknowledges that the Government of Canada received your refugee claim on

You are now eligible for health care coverage under the Interim Federal Health Program (IFHP). You are required to undergo an Immigration Medical Examination as part of your refugee claim. The IFHP will cover the cost of this examination. Please present this notice and your IMM 1017 form to the panel physician at your appointment.

You are required to return for an interview with respect to your refugee claim. The details are as follows:

Date:

Time:

Address

You must bring the following with you

- This original appointment letter
- 4 original passport-sized photographs

If you are under 18 years of age, you must be accompanied by a parent or legal guardian if he or she resides in Canada.

MPORTANT:

If you do not appear for your interview, your IFHP coverage may be terminated. In addition, your refugee claim may subsequently be determined to have been abandoned in which case you will b subject to removal from Canada.

Note - If you pay for any medical services or products, you will not be reimbursed

Health care providers in Canada MUST verify the eligibility of the individual with the IFHP claims administrator, Medavie Blue Cross, before providing services. Medavie Blue Cross may be contacted by telephone at 1-888-614-1880, by facsimile at 506-867-4651 or through their website at https://www.medaviebo.ca/en/lhealth-professionals.



IMM 5985 (10-2019) E GCMS

Source: https://irb.gc.ca/en/applying-refugee-protection/Pages/index.aspx

IFHP/ IFH (Interim Federal Health Program)

Basic coverage

(similar to health-care coverage from provincial or territorial health insurance plans)

- in-patient and out-patient hospital services
- services from medical doctors, registered nurses and other health-care professionals licensed in Canada, including pre- and post-natal care laboratory, diagnostic and ambulance services

Supplemental coverage

(similar to the coverage given to social assistance recipients by provincial and territorial governments)

- limited vision and urgent dental care
- · home care and long-term care
- services from allied health-care practitioners: psychotherapists, counselling therapists, occupational therapists, speech language therapists, physiotherapists
- assistive devices, medical supplies and equipment:
 - orthopedic and prosthetic equipment
 - mobility aids
 - · hearing aids
 - diabetic supplies
 - incontinence supplies
 - oxygen equipment

List of IFHP providers across Ontario: https://ifhp-pfsi.medavie.bluecross.ca/wp-content/uploads/sites/7/2022/01/PE-2021-12-17.pdf

Prescription drug coverage

(similar to the coverage provinces and territories give to social assistance recipients)

• prescription medications and other products listed on provincial/territorial public drug plan formularies

Coverage for the Immigration Medical Exam (IME)

All beneficiaries are covered for one IME and any necessary IME-related diagnostic tests.

*The benefits covered by the IFHP have certain limits including maximum dollar amounts.

Financial Support and Housing

- Newcomers are required to have approved or applicant status for long-term residency (i.e. refugee claimants, PRs, etc.) prior to applying for social assistance and housing
- HIV + status is automatically eligible for ODSP (only require medical documentation of a positive HIV lab result) as HIV is currently an eligible disability in Ontario.
- Expedited ODSP applications are available through the Toronto People With AIDS Foundation (PWA) of 6-8 weeks. (M postal code only)
- Supportive housing is available through specialized housing services for people living with HIV (i.e. Fife House and LOFT Community Services), but are required to meet specific support criteria that newcomers may not meet.
- Additional benefits may apply once registered on social assistance Special Diet Allowance through ODSP, Terminally III Priority Housing Application etc.



The Newcomer Experience – Living with HIV in Toronto

Precarious housing – shared living /roommates, couch surfing, hotels, Air BnBs, shelter system

- Language and cultural barriers
- Stigma around HIV and disclosure
- Limited health insurance and drug coverage
- Limited knowledge of available services & how to navigate systems
- Isolation and separation from family and/or friends
- Fear and distrust of government and health care system

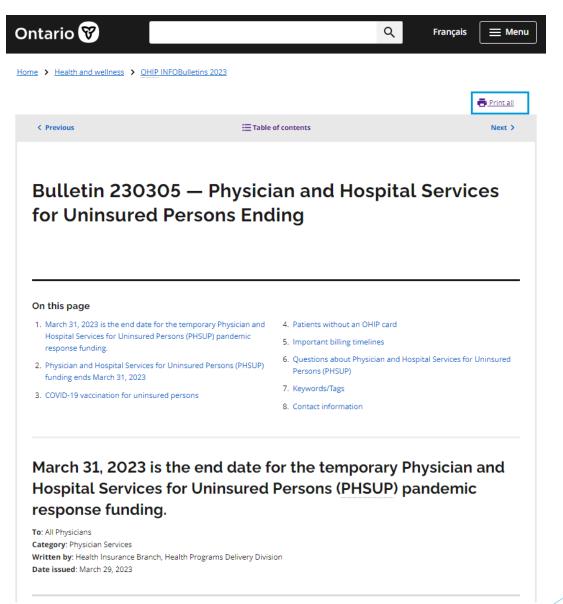


The Newcomer Experience – Living with HIV in Toronto

- Financial strain limited entitlement to work/ cash jobs, precarious employment, dangerous working conditions, minimal workers rights and limited recourse for abusive employers
- Mental health challenges- serious traumatic experiences in country of origin, fleeing war, conflict and persecution- homophobia, transphobia
- 2SLGBTQIA+ community members may be coming out/living authentically for the first time, can be a time of vulnerability due to limited experience & agency navigating queer relationships, target for coercion/ abuse, vulnerable to harmful relationship dynamics from partners with more social power/ privilege
- Limited understanding of context surrounding sexual culture and recreational drug use, at risk to experiment with drugs without full knowledge or consent of substances



End of hospital billing codes





Source: https://www.ontario.ca/document/ohip-infobulletins-2023/bulletin-230305-physician-and-hospital-services-uninsured-persons#

UNINSURED PATIENTS

Inpatient fees (for staying in the hospital per day)

Standard ward: \$2800.00Newborn: \$1650.00

• Intensive care: \$4500.00

Outpatient fees (per visit)

• **Ambulance:** \$240.00

Emergency visit: \$720.00*Outpatient clinic: \$640.00

Dialysis: \$992.00Lab: \$125.00**

• Diagnostic imaging test clinic: \$400.00 + 2

*OHIP rate

Please note that uninsured patients may be required to place a deposit with the hospital prior to service delivery. All uninsured patients will also receive a separate bill for physician's care.

Source: https://www.shn.ca/patients-visitors/hospital-fees/



Source: https://www.gch.on.ca/UninsuredandNon-residentFees

Hospital Fees for Patients without Canadian Provincial or Federal Health Insurance

For Uninsured Residents of Canada and Non-Residents of Canada

Effective April 1, 2021

Hospital Outpatient Fees:

Outpatient visit (Hospital appointments, each)

Uninsured resident of Canada \$302

Non-resident of Canada \$930

Emergency visit (each visit)

Uninsured resident of Canada \$302

Non-resident of Canada \$930

Other fees In Addition to Outpatient Visit fees:

Day Surgery (plus Hospital visit fee)

Uninsured resident of Canada:

Low: \$850

■ Medium: \$3,126

■ High: \$13,160

Non-resident of Canada:

Low: \$3,495

Medium: \$3,495

High: \$13,160

Healthcare services for precariously insured

- 1. Free medical clinics for episodic, non-emergency care
- Only certain locations will accept visitors or students
- Please verify eligibility/ availability directly with each clinic due to changes post COVID-19
- Many clinics are by appointment only

LAST UPDATED: SEPTEMBER 17, 2018

Free Medical Clinics in the Greater Toronto Area for Uninsured Clients

Toronto

The West End Non-Insured Walk-In Clinic (NIWIC) Access Point on Jane

761 Jane St, 2nd Floor (Jane & Woolner)

DROP-IN ONLY, no appointments

NO VISITORS OR STUDENTS SEEN Monday & Thursday 4:00 pm - 7:30 pm

Nurse-led clinic. Midwife available on Thursdays.

Phone: 416-760-2810 Fax: 416-760-2811

http://accessalliance.ca/programs-services/primary-healthcare/walk-in-clinic/

Queen West-Central Toronto Community Health Centre

168 Bathurst St, Toronto (Queen & Bathurst)

(1) Same Day Clinic for People In Need

DROP-IN ONLY, no appointments Priority on Homeless, Youth and Uninsured

No Visitors or Students Seen

Monday & Wednesday: 1:00-3:00pm, Doctors, nurses, counsellors available.

Phone: 416-703-8482 Ext. 2100

http://www.ctchc.com/

(2) IMAGINE Health Clinic (Run by University of Toronto Health Care Professional Students) DROP-IN ONLY, no appointments

STUDENTS AND VISITORS ACCEPTED

No diagnostic tests ordered or specialist referrals Saturday: 10:00-2:00pm

Please ring the door bell.

http://imagine-clinic.squarespace.com/clinic/

FC| Refugee Centre

208 Oakwood Avenue, Toronto (St. Clair & Oakwood)

BY APPOINTMENT ONLY (No Walk-Ins)

STUDENTS AND VISITORS ACCEPTED

Fridays 1:00 pm -5:00 pm and aturdays 9:00 am - 1:00 pm (except long weekends)

Printed handouts available

.ounsellors available. 169-9754 Ext. 230

J 469-2670

www.fcjrefugeecentre.org/our-programs/for-

Mississauga and Scarborough

The Canadian Centre for Refugee and Immigrant Health Care

4158 Sheppard Avenue East, Scarborough (between Midland Ave. & Kennedy Rd.)

STUDENTS ACCEPTED Phone: 647-267-2176

Fax: 647-493-3121

https://www.healtheguity.ca/

(1) Community Volunteer Clinic (The

DROP-IN ONLY, no appointments

Family doctors and nurses available

Tuesday & Thursday: 5:00-8:00pm (last client seen at 7:30)

(2) SWAN Clinic

Provides Women's Health Check-Ups BY APPOINTMENT ONLY (No Walk-Ins)

Call 647-267-2176 Ext. 3

One Wednesday a month 4:00-7:00pm

Muslim Welfare Centre

Free Medical Clinics (two clinic locations) *STUDENTS, VISITORS, REFUGEES & NEW IMMIGRANTS ACCEPTED*

https://www.muslimwelfarecentre.com/causes/free-

Email: freeclinic@muslimwelfarecentre.com BY APPOINTMENT ONLY (No Walk-Ins) - Call 647-641-1027 to book appointments:

(1) Scarborough Location:

100 McLevin Avenue, Unit 2A Scarborough (Markham Rd. & McLevin)

(2) Mississauga Location:

780 Burnhamthorpe Road West, Unit 4 Mississauga (Mavis & Burnhamthorpe)

Tips for Uninsured Persons Needing Medical Care: Confirm eligibility & service information in this handout by

- contacting each clinic directly
- ⇒ Bring a list of your current medications & medical records if you have any
- These clinics are for "episodic care" medical care for specific health problems without ongoing follow-up
- Contact your local Community Health Centre (CHC) to ask about getting a primary care provider (family doctor or nurse practitioner). CHCs serve people who are uninsured.





Compiled by the Access Alliance Multicultural Health and Community Services Health with Dignity Program, http://accessalliance.ca/health-with-dignity



We are providing appointments on a virtual care mode or via phone as need

ONLY BY APPOINTMENT:

Eli Ibarra eli.ibarra@fcjrefugeecentre.org by phone : 416-469-9754

208 OAKWOOD AVE. TORONTO ON www.fcjrefugeecentre.org



https://www.fcjrefugeecentre.org/ourprograms/settlement-programs/health-clinic/ https://accessalliance.ca/programs-services/primary-health-care-services/por Health With Dignity insured-walk-in-clinic/

https://www.imagineclinic.ca/

IMAGINE Clinic is now open for in-person visits, no appointment required.

About Our Clinic >

For any medical emergencies, please call 9-1-1 or visit your closest emergency department

Virtual appointments will continue to run.

Our clinic is located at 168 Bathurst St, Toronto. We are open every Saturday from 10 AM to 2 PM (except holidays and long weekends).

Book Appointment >

The Non-Insured Walk-in Clinic (NIWIC)

What can a person expect at the NIWIC?

The NIWIC offers timely, confidential primary care and support at no charge. We offer a combination of walk-in and appointment-only service. The NIWIC is a welcoming space for non-status residents of Toronto.

NIWIC services include:

- · Primary care and support
- · Referral to other health care providers/ specialists, if required
- · Midwives for prenatal care
- · Health coaching and peer support
- · Interpretation available as needed

Who can use the NIWIC?

You can use the NIWIC if you:

- · Are a resident of Toronto, and
- · Do not have a family doctor, and
- Do not have current coverage under the Ontario Health Insurance Program (OHIP), Interim Federal Health Program (IFHP), or Ontario Temporary Health Program (OTHP) or private health insurance

You cannot use the NIWIC if you are:

- On vacation
- A tourist
- An official visa holder

Please bring a list of your medications and any medical records.

When is the NIWIC open?

Walk-in clinic, no appointment required

Mondays & Thursdays: 12:30 p.m. to 7 p.m. Midwife services available Thursdays: 12 p.m. to 7:30 p.m.

Call ahead to book: Appointments can only be booked by clients who have visited our walk-in clinic at least once.

Tuesdays: 9:30 a.m. to 12 p.m. Wednesdays 1 p.m. to 4 p.m. Fridays: 9:30 a.m. to 4:30 p.m.

The NIWIC is closed on statutory holidays.

Where is the NIWIC located?

IMAGINE is a student-run health clinic

No ID, no OHIP

and no fees required

OPEN TODAY

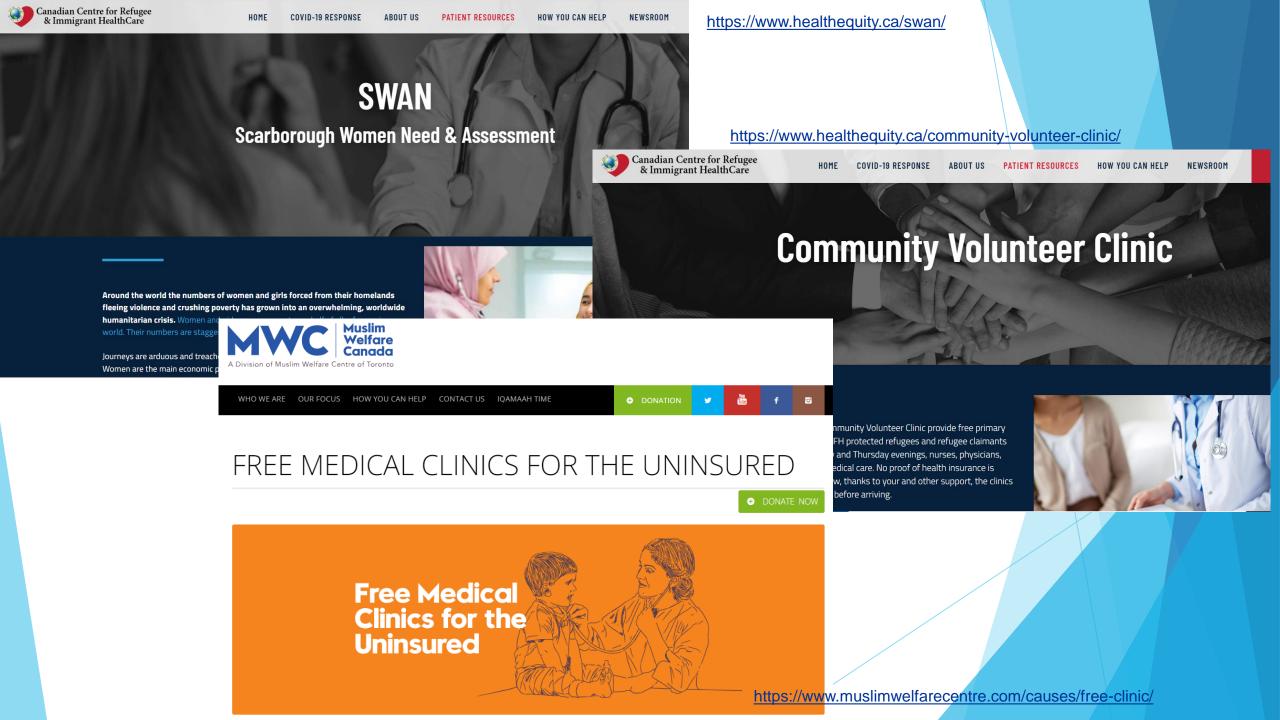
10 AM - 2 PM

Please press intercom to enter

AccessPoint on Jane, 761 Jane Street (2nd Floor) Toronto, ON M6N 4B4 | 416-760-8677 (Jane St & Woolner Ave is the closest major intersection.)







Healthcare services for precariously insured

- 2. Virtual emergency room services are available online through University Health Network Hospitals and Sunnybrook Hospital. No health card required, translation services available.
- Client must be located in Ontario at time of virtual appointment.
- Booking for virtual Toronto emergency room visits opens daily at 7 a.m. for same-day appointments.
- Visit https://www.torontovirtualed.ca/



Welcome to

Toronto's Virtual Emergency Department



Toronto's Virtual Emergency Department offers online urgent care services from emergency doctors across Toronto. Same-day appointments available seven days a week.

Participating Sites





Jump To:

- · Who can use this service?
- . When should I visit an Emergency Department in person?
- · When are virtual ED visits available?
- · What can I expect at the virtual ED visit?
- . What do I need for my virtual visit?
- How do I book

Who can use this service?

You can book a virtual ED visit if you:

- · Cannot make an urgent appointment with a family doctor or nurse practitioner
- . Have an urgent medical problem that is not life threatening
- · Are physically located in Ontario at the time of the appointment

Printed handouts available

Healthcare services for precariously insured

- 3. Sexual Health Clinics offer free testing and treatment for Sexually Transmitted Infections (STIs) for non-insured people.
- Toronto Sexual Health Clinics: https://www.toronto.ca/community-people/health-wellness-care/health-clinics/sexual-health-clinics/
- Peel Sexual Health Clinics: https://www.peelregion.ca/health/sexuality/clinics/cli-locations.htm
- York Region Sexual Health Clinics: https://www.york.ca/health/sexual-health/sexual-health-clinics
- Durham Region Sexual Health Clinics: https://www.durham.ca/en/health-and-wellness/sexual-health.aspx#Clinic-locations-and-hours
- 4. Most Community Health Centres (CHCs) will accept clients <u>once visitor visa is expired.</u> Find a CHC: https://www.health.gov.on.ca/en/common/system/services/chc/locations.aspx





Community Health Centres (CHCs)

- CHCs are non-profit organizations that provide primary health in combination with health promotion & illness prevention services
- They provide a multidisciplinary approach to health and well being
- They serve people most at risk for poor health outcomes e.g. low income individuals, newcomers, people with mental health issues etc.
- Eligibility criteria usually catchment area (sometimes expanded catchments for NFA or HIV+)
- They provide services to:
 - People in the federal refugee process
 - Clients who identify as homeless and have no access to OHIP/ID
 - Clients who reside in Ontario; however due to their immigration status are non-insured or undocumented
 - Temporary foreign workers without healthcare coverage
 - Clients with expired visitor visas







serving Toronto area:

79.41164177639074&z=13



Map of catchment areas for Community Health Centres

https://www.google.com/maps/d/viewer?mid=1p3iGPPZT o64F0FbneAmLA-69RyWrd8&ll=43.65640811626696%





Access Alliance



















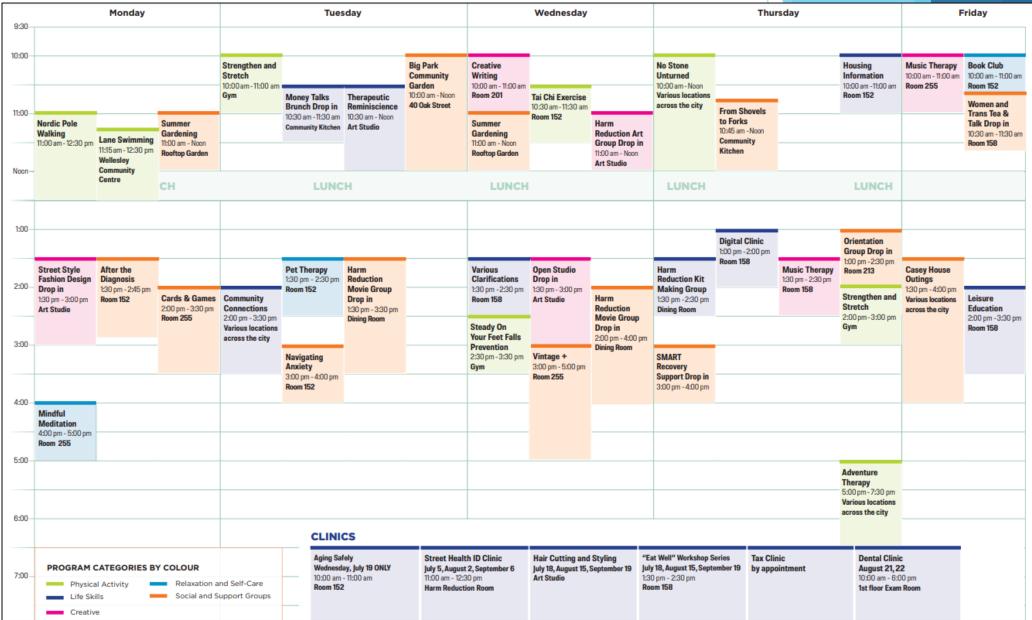
Outpatient Care (Day Health)

CASEY

Source:

https://caseyhouse.ca/ourhealth-services/outpatientday-health/









Health & Therapeutic Care



Practical Supports



- Acupuncture
- Massage therapy
- Community PHA Naturopathic Clinic
- Health Champion Treatment Resources Project
- Vitamin Supplements
- Community Food For Life Program
- **Essentials Market**
- Financial Assistance

- Pet Program
- Art Therapy
- Social Programming
- Theatre Access Program
- Holiday Dinner and Show
- Hairstyles and Barber
- **PWA Summer Picnic**



Source:

https://www.pwatoronto.org/health-therapeutic-care/ https://www.pwatoronto.org/practical-supports/



Onsite services will include:

- Primary care
- Systems navigation with a newcomer connector
- Settlement support
- Mental health counseling

Offsite support will include the following:

- Legal support
- Employment support
- Housing supports
- Community programs
- Other support as needed through Health Access St. Jamestown and partners

Referrals: Priority for those who have intersectionality within Sherbourne's priority populations (i.e., those who are precariously housed, have complex mental health/addictions, and identify as 2SLGBTQ+).

- Must have IFH coverage (Interim Federal Health) or be eligible to apply for IFH (clients awaiting IFH coverage will be added to the Sherbourne Health wait list. Blue Door Clinic or HQ Clinic can bridge HIV medication in these cases)
- Priority catchment area is downtown east but referrals outside of this area reviewed on case by case basis



REFUGEE CLINIC +



ABOUT US

This clinic provides an opportunity to connect with primary health care & social services.

Our Services



- Family Doctor
- Connecting To Social Support Services

 - ☑ Legal Services

SHERBOURNE HEALTH 333 Sherbourne Street

Monday: 1 p.m. to 5 p.m. Wednesday: 5 p.m. to 8 p.m.

FOR APPOINTMENTS:

Q 416-522-6422

danandakumar@sherbourne.on.ca





Healthcare services for precariously insured people

- 5. Visit the <u>Health Network for Uninsured Clients</u> website for more information about other healthcare services such as:
- pregnancy/ midwifery care
- abortion care
- mental health/ counselling
- dental care
- optometry
- intimate partner violence
- immunizations
- tuberculosis





Precariously Insured Resources

General

- Access Alliance
- Settlement.org
- Steps to Justice
- CLEO (Community Legal Education Ontario)
- FCJ Refugee Centre https://www.fcjrefugeecentre.org/
- Migrant Workers Alliance for Change https://migrantworkersalliance.org/
- Butterfly Asian and Migrant Sex Workers Support Network https://www.butterflysw.org/
- Workers' Action Centre https://workersactioncentre.org/
- Canadian Centre for Victims of Torture https://ccvt.org/
- The Canadian Centre for Refugee & Immigrant Health Care https://www.healthequity.ca/
- The Caregivers' Action Centre (CAC) https://www.caregiversactioncentre.org/
- Centre for Spanish Speaking Peoples- Newcomer Settlement Program
- Low Cost Dental Care in Toronto

HIV specific

- Ontario HIV Directory for Newcomers https://helloontario.info/
- HALCO- HIV & AIDS Legal Clinic Ontario https://www.halco.org/
- Blue Door Clinic- https://www.bluedoorclinic.org/
- Latinos Positivos- Settlement Support https://www.latinospositivos.ca/english/index.html
- Black CAP- Refugee Settlement Coordinator https://blackcap.ca/programs-services/refugee-settlement-program/
- Ethno-specific ASO programs: <u>APPA</u>, <u>ASAAP</u>, <u>ACAS</u>, <u>Centre Francophone</u>

Excerpts of "Home" by Warsan Shire (British-Somali poet)

no one leaves home unless home is the mouth of a shark. you only run for the border when you see the whole city running as well.

no one would leave home unless home chased you, fire under feet, hot blood in your belly.

you have to understand, no one puts their children in a boat unless the water is safer than the land.

who would choose to spend days and nights in the stomach of a truck unless the miles travelled meant something more than journey.

i want to go home, but home is the mouth of a shark home is the barrel of the gun and no one would leave home unless home chased you to the shore unless home tells you to leave what you could not behind, even if it was human.

no one leaves home until home is a damp voice in your ear saying leave, run now, i don't know what i've become.

Prompts for Group Discussion:

Thinking back to the various types of precariously insured individuals living with HIV and the numerous barriers and intersections of marginalization they experience:

- 1. What is your organization currently doing to support this population?
- 2. Do you think these services are working well/ meeting the needs?
- 3. What could your organization do better to support this population?
- 4. Is your space safe/ accessible /comfortable/ inviting to this population?
- 5. What do you think ideal services/ supports would look like at your organization?
- 6. How can we mobilize/ strategize to work together and leverage existing resources to better support this population across ASOs/ community partners?
- 7. How can we include precariously insured clients in decision making/ program planning (GIPA/MEPA) to ensure services are appropriate?
- 8. What barriers exist to inclusive and effective service delivery and how can we address these challenges?