# Reorienting Home Care Services by Examining the Development of Positive Space in Organizations: Implications for Community Health Nurses

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CHNC 2010 Conference

# Background

- Heterosexism: assumption that heterosexual relationships are preferable to non-heterosexual
- Biphobia, transphobia, heterosexism embedded in all social institutions
- Norms, values contribute to barriers to access
- Well-documented health inequities for diverse lesbians, gay men, bisexuals, transgender (LGBT) (Dean et al. 2000, RNAO, 2007)
- □ Shift in service delivery to home care (Moore, 2009)
- Gap in literature on LGBT in home care

## Learning outcomes

- Learn about organizational processes that foster in-home access to care for LGBT communities
- Develop understanding of implications for CHN in variety of contexts

# Purpose

#### Broader project:

To enhance access and equity for LGBT communities to in-home care

#### This arm:

To gain insight into the development of LGBTpositive space in organizations

# Methodology

- Participatory policy study: Qualitative design (Ozga, 2000)
- Partners: Toronto Central Community Care Access Centre (CCAC), Rainbow Health Ontario (RHO)
- Key informant interviews
- Purposeful sampling
- □ Critical lens (e.g., Kahu & Morgan, 2007; Weiler, 1992)

# Sample

- Purposively chosen key informants (KIs) for insights into agency development of positive space
- 8 health & social service agencies in Toronto, Ontario
- Represent diverse sectors (primary care, mental health), conditions, populations (racialized groups, adolescents)

# Creating positive space: Selected emerging themes

- Community engagement & assessment
- Programs & services
- Organizational processes
- Leadership
- Education/training
- Challenges

# Community engagement/assessment

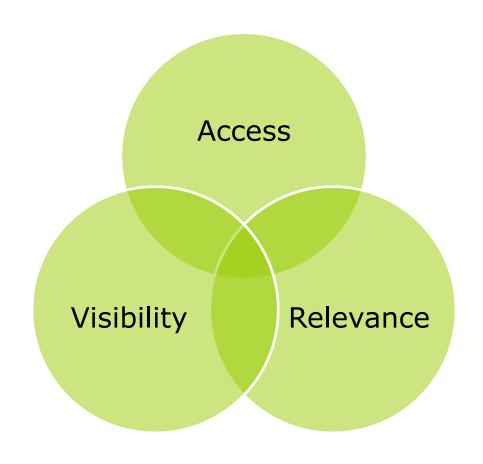
- "understanding their rights...building an empowered community." (KI)
- "...working in partnership" (KI)



- What is it about this place that makes people...feel [un]comfortable...?"
  (KI)
- "Here is art work done [in focus groups] for a needs assessment] ... so it says to them, 'Yeah, I'm a part of this agency." (KI)

# Programs and services

- "You need population specific programs and you need to build the clinical capacity in your generic programs." (KI)
- "Once we started having more "out" staff, more youth did start coming out." (KI)



# Organizational practices

- Making anti-oppression philosophies work in practice
- "Very often it starts with training and ...goes into more structural sort of supports..." (KI)
- □ "It needs to be part of the fabric of the organization." (KI)
- "Basic things like looking for heterosexist language... change[s] in our intake process." (KI)
- "In terms of ...the safety piece with ..transitioning because we needed to have a plan." (KI)

## Leadership

Champions

Management

Front line

Staff

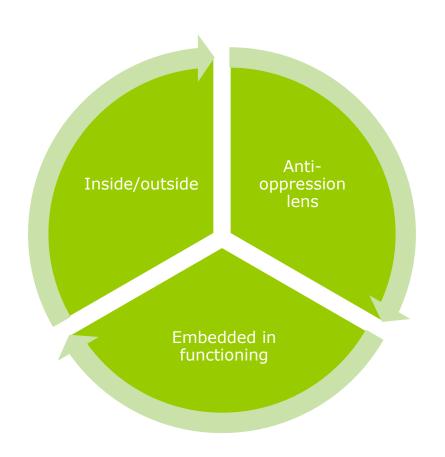
Volunteers

Systems advocacy

Allies

either queer people or people that really supported this work, made a huge difference...given us a lot of room to keep coming up with new ideas." (KI)

# Education/training



- "It is a broader education across marginalized groups and how bias creeps into how we do business....Mandatory training." (KI)
- "A lot of work around intersecting oppressions."(KI)

# Challenges...

- "Restructuring, new programs...SARS... H1N1 throw you off a bit for a while." (KI)
- "Toxic pockets in the agency." (KI)
- "Some struggles and hurt feelings along the way (KI)
- "Misunderstandings related to queer community symbols- "culture shock." (KI)

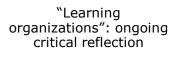


#### Implications for home care sector

- "They feared that if someone came into their home, they'd have to hide who they were – put all their stuff away, and then if they had to go to a care facility, go back in the closet." (Personal communication, March 2010)
- Nature of the service environment
- Complexity of service provision
- Partnerships
- Accountability mechanisms
- Home care competencies

# Implications for reorientation of home care services: emerging best practice discourses

"Primary health care" discourse vs "managing diversity"



Socio-environmental model of promoting health with attention to underlying social structures



Implications for content & process

Focus on long-term partnerships/community participation

LGBT voice, visibility embedded in fabric of organization

Strengths-based, capacity-building

# Implications: CHN

- Population health focus
- Primary Health Care principles & Canadian CHN Standards of Practice (Smith et al., 2008)

- Home care nurses in clinical, coordination, management roles
- We invite your thoughts.....

#### Acknowledgements & contact info

- Research Assistants
  - Sivan Bomze
  - Natalie Lazier
  - Liberty Karp
- Key informants
- York University funding

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