Street HEALTH
Research Bulletin
FALL 2005

MAJORITY OF HOMELESS PEOPLE HAVE SERIOUS PHYSICAL HEALTH CONDITIONS AND FACE MAJOR BARRIERS TO HEALTH CARE

More than 1 in 2 homeless people have serious health conditions*

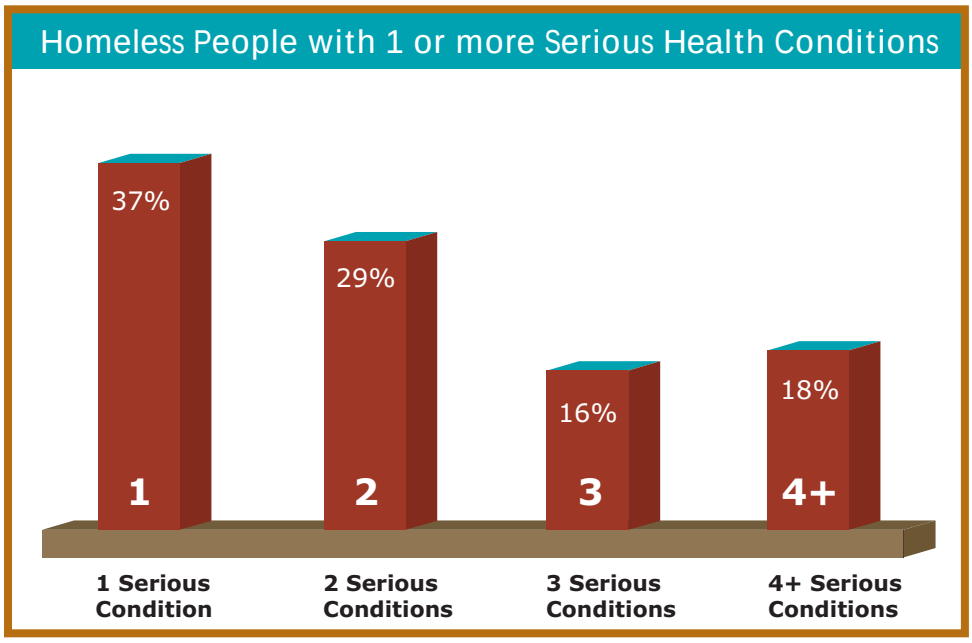
- In a study of 360 homeless people in Toronto, 55% said they had at least one serious physical health condition
- Of the 198 people who said they had a serious health condition, 63% said they had more than one

WHAT IS A
*** SERIOUS HEALTH CONDITION?**

Participants in the study were asked if they had any of 22 serious physical health conditions

These included cardiovascular and respiratory diseases, hepatitis and other liver diseases, gastrointestinal ulcers, diabetes, anemia, epilepsy, cancer, and HIV/AIDS

The serious health conditions discussed in this Research Bulletin do not include mental health issues or addictions



One third of homeless people with serious health conditions have no stable health care provider

- 33% of homeless people with serious health conditions in the study stated that they had no usual source of health care or used an emergency department as their usual source of care

In comparison, only 9% of the general population in Ontario, including those with and without serious health conditions, does not have a regular family doctor or primary care provider

Source: Statistics Canada. Access to health care services in Canada, 2001.
Available: http://www.statcan.ca/english/freepub/82-575-XIE/2002001/tables.htm.

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Half of homeless people with serious medical problems cannot follow their health care provider's advice

Seeing a doctor or nurse is only the first step to caring for a person's medical problem. Our health care providers give us advice and treatment plans, including medication, vitamins and lifestyle changes which we need to follow to treat our illness

- 50% of homeless people with serious medical problems in the study reported not following their health care provider's advice or treatment plan at least one time in the last 2 years:

35%

of these individuals stated that the plan was **too difficult to follow**

25%

cited the **cost of treatment** as a barrier

Almost one third of homeless people with serious health conditions experience discrimination when trying to access health care

- 31% of homeless people with serious health conditions reported a health care visit within the last year where they felt they were judged unfairly or treated with disrespect because they were homeless

HOMELESSNESS AND POVERTY ARE THE CORE PROBLEMS

Homelessness is a barrier to health care access

- There is a serious lack of affordable and supportive housing in Toronto
- It is hard to access and maintain a health care provider when you have no permanent address
- Discrimination people face in the health care system is directly related to being homeless
- When you have nowhere to live, it's hard to follow medical advice like "stay warm" or "get plenty of rest"

Poverty is a barrier to health care access

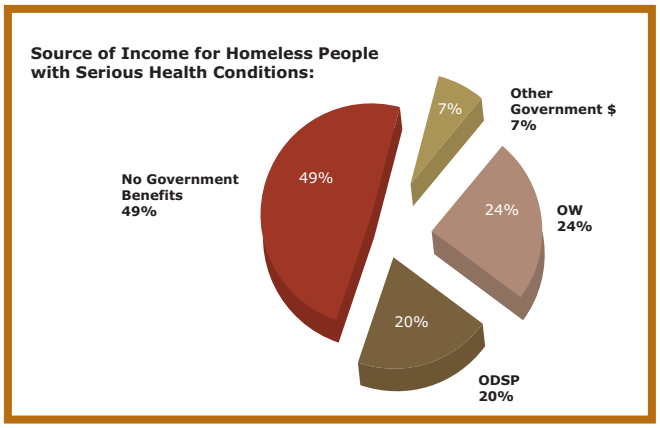
- The income you get from Ontario Works (about $535 a month for a single person), Ontario Disability Support Plan (about $950 a month for a single person) or the minimum wage ($7.45 per hour or about $1050 a month if you work full-time) is not enough to pay rent and buy food in Toronto
- It is very difficult to see a health care provider regularly if you don't have enough money to pay for TTC or a taxi to get to your appointments
- When you don't have enough money it's hard to buy the medication, medical supplies, vitamins, warm clothes and nutritious food you need to take care of your health

Half of homeless people with serious health conditions get less than $10 a day

- For the people in the study with serious health conditions, the median monthly income was $300.00, which means that half get less than $10 a day

Almost half of homeless people with serious health conditions do not get any government income supports and only 20% get disability benefits

- 49% of people in the study with serious health conditions did not receive any kind of government income benefits. The vast majority of this group receives less than $10 a day
- Only 24% received Ontario Works (OW)
- Only 20% got Ontario Disability Support Plan (ODSP) benefits, even though all have serious health conditions



More than half of homeless people with serious medical problems do not have prescription benefits. Those with benefits cannot meet all of their medical needs

- 51% of people in the study with serious medical problems reported that they do not receive Ontario Drug Benefits (largely because they do not receive OW or ODSP)
- Of those with Ontario Drug Benefits, 35% have been advised to get supplies or medications that are not covered by the program

HOUSING AND ADEQUATE INCOMES ARE THE CORE SOLUTIONS

The health care system does not work in isolation from other social services.

Social programs and policies need to be fixed to ensure access to health care.

HOUSING:

All levels of government need to ensure that people have access to affordable and supportive housing:

- The government of Ontario's landlord and tenant laws should be changed to ensure that housing is affordable
- The Canadian, Ontario and City of Toronto governments need to develop and maintain long-term housing programs to help make affordable and supportive housing available

INCOME:

The Ontario government needs to ensure that people have enough money to live on and be healthy:

- The minimum wage in Ontario, Ontario Works (OW) and Ontario Disability Support Plan (ODSP) rates need to be raised to reflect the cost of living
- ODSP needs to be made more accessible so that everyone who is disabled gets ODSP benefits
- OW rules need to change so that everyone who needs OW gets it

GIVING EVERYONE ON OW AND ODSP THE SPECIAL DIET SUPPLEMENT IS A PLACE TO START:

- Through the Special Diet Supplement, people receiving OW or ODSP can get up to an extra $250 per month per person if they can show that it is necessary for their health
- If everyone getting OW and ODSP got this supplement, it would be a little bit easier to access health care and buy the vitamins and nutritious food they need to be healthier
- The Ontario government could start to address people's inadequate incomes by guaranteeing the Special Diet Supplement to everyone who gets OW and ODSP

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BACKGROUND ON THE STUDY

360 homeless people were surveyed at 55 different shelters and 23 meal programs across Toronto

The survey was part of a study being conducted by Dr. Stephen Hwang and a team of researchers at the Centre for Research on Inner City Health at St. Michael's Hospital in Toronto

Participants were asked to report on their demographic information, health conditions, usual sources of health care, barriers to obtaining care, and recent experiences with health care providers

Study findings were presented at the International Conference on Urban Health in October 2005

Who is STREET HEALTH?

Street Health created this Research Bulletin. Street Health is an innovative, community-based health care organization providing services and advocating to address a wide range of physical, mental and emotional needs in those who are homeless, poor and socially marginalized in Toronto.

To learn more about us, or to find out how you can help, call or visit us on-line.

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Background on COSTS OF HAVING NO STABLE HEALTH CARE PROVIDER

It is appalling to think that one third of homeless people with serious medical problems do not have a regular health care provider, and have to choose options like a hospital emergency room (ER) instead

This also has important cost implications for the health care system:

- A trip to the ER alone costs at least $400 and an inpatient hospital bed costs more than $1000 a day
- If each person currently in the shelter system in Toronto used the ER one less time per year, there would be a savings of over $2 million to the health care system

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TOGETHER WE CAN MAKE IT WORK