THE STREET HEALTH REPORT 2007

HIGHLIGHTS & ACTION PLAN

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This study was conducted by Street Health in partnership with the Wellesley Institute.

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

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Street HEALTH
Together We Can Make It Work

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THE STREET HEALTH REPORT 2007: HIGHLIGHTS

Homelessness is a devastating social problem that affects a large number of people in Toronto. While it is broadly recognized that homeless people have much poorer health than the general population, and often experience difficulties obtaining health care, there is a lack of comprehensive and current information on the health status and needs of homeless people in Toronto. *The Street Health Report 2007* presents the results of a survey on the health status of homeless adults in downtown Toronto conducted in the winter of 2006/2007. Our report reveals a picture of homelessness in Toronto that demands immediate action.

For many, homelessness is not a short-term crisis.

- One third of people in our survey had been homeless for 5 years or longer
- Only one in five had been homeless for less than a year

People become homeless and stay homeless largely because of poverty.

- Over one third of the people we interviewed had a monthly income of $200 or less
- Over three quarters named their economic circumstances as one of the two most important reasons they were homeless

There are not enough affordable and supportive housing options.

- One third of the people we interviewed said they became homeless because they could not afford the rent
- One third said their physical or mental health conditions were preventing them from finding and keeping housing

The daily lives of homeless people are stressful and isolating.
Among homeless people in our survey:

- More than half experienced serious depression in the past year
- 1 in 10 attempted suicide in the past year
- 1 in 3 said they had no one to help them in an emotional crisis

Being homeless is extremely dangerous.
Among homeless people in our survey:

- 1 in 3 had been physically assaulted in the past year
- 1 in 8 had been physically assaulted by police in the past year
- 1 in 5 women had been raped or sexually assaulted in the past year

The health of homeless people is very poor.
Among homeless people in our survey:

- Three quarters have at least one chronic or ongoing physical health condition
- More than half live with extreme fatigue
- 1 in 7 are usually in severe pain

Homeless people have significantly worse health than the general population.
Homeless people in our survey are:

- 29 times as likely to have hepatitis C
- 20 times as likely to have epilepsy
- 5 times as likely to have heart disease
- 4 times as likely to have cancer
- 3 ½ times as likely to have asthma
- 3 times as likely to have arthritis or rheumatism
- Twice as likely to have diabetes

Despite their poor health status, homeless people cannot access the health care they urgently need.
Among homeless people in our survey:

- More than half do not have a family doctor
- More than a quarter were refused health care in the past year because they did not have a health card
- More than a third felt they had been judged unfairly or treated with disrespect by a health care provider in the past year
- 1 in 5 have had a negative experience with hospital security

photo by Adrienne, courtesy of the National Film Board of Canada

The health of homeless people in Toronto has gotten worse in the past 15 years.

Many serious physical health conditions have become even more common among homeless people, and their access to health care has deteriorated. The worsening health of homeless people and the growth of homelessness itself are a reflection of social policy decisions that have been made over the past 15 years. These decisions have resulted in inadequate social assistance rates, a severe lack of affordable housing and the loss of hundreds of emergency shelter beds.

There are realistic and practical solutions.

The Street Health Report 2007 outlines an action plan consisting of targeted, feasible solutions to immediately improve the health of homeless people and to ultimately end homelessness. It sets out recommendations to:

- Address the poverty and inequality that underlies homelessness
- Improve access to affordable and appropriate housing
- Improve immediate living conditions for homeless people
- Improve access to health care and support for homeless people

We hope *The Street Health Report 2007* will be a call to action.

STREET HEALTH ACTION PLAN

We hope that the findings of the *The Street Health Report 2007* will be a call to action to develop and implement a comprehensive strategy to address homelessness in Toronto.

Overall, homeless people in Toronto have much poorer health than the general population. Homeless people in our survey carry an alarmingly higher burden of many serious physical and mental health conditions. Three quarters suffer from at least one chronic or ongoing physical health condition. In the past year, more than half had experienced serious depression and one in ten had attempted suicide.

The health of homeless people in Toronto has deteriorated in the past 15 years. Many serious physical health problems have become more common, and new illnesses have emerged that disproportionately affect homeless people. The most important factors impacting the health of homeless people are the result of social policy decisions that have been made by our governments in the past 15 years, particularly the cuts to social assistance and the lack of investment in new affordable social housing.

Homelessness is a devastating and growing problem in Toronto. There is an urgent need to take action to:

- Address the poverty and inequality that underlies homelessness
- Improve access to affordable and appropriate housing
- Improve immediate living conditions for homeless people
- Improve access to health care and support for homeless people

Our action plan presents realistic solutions to immediately improve the health of homeless people and to ultimately end homelessness[xi].

ADDRESS THE POVERTY AND INEQUALITY THAT UNDERLIES HOMELESSNESS

People become homeless and stay homeless largely because of poverty. More than three quarters of the homeless people in our survey named their economic circumstances as one of the most important reasons they were homeless. More than a third of homeless people in our survey had monthly incomes of $200 or less. Homeless people today live in even more extreme poverty than they did fifteen years ago.

Homelessness is an alarming symptom of an inequitable society. TD Economics, the research wing of one of Canada's largest banks, has confirmed that despite a strong and healthy economy, Toronto's poorest residents are getting poorer, and social inequity is on the rise[4]. It is estimated that 1.7 million Canadian households are at risk of homelessness[13].

People need adequate incomes in order to be healthy. Currently, social assistance benefits and even full-time minimum wage work do not provide enough income for people to meet their basic needs. Welfare benefits in Ontario are worth about 46% less in real terms than they were fifteen years ago[14]. In addition, homeless people face many barriers to accessing social assistance, particularly Ontario disability benefits. Only one in five homeless people with serious illnesses in our survey were receiving disability benefits.

Many non-governmental organizations and initiatives such as the task force on Modernizing Income Security for Working-Age Adults (MISWAA), the Toronto City Summit Alliance and the Daily Bread Food Bank have pointed out the need to address the growing inequality gap in Toronto. Such groups have recommended improvements to the minimum wage and social assistance, and have called for increased accessibility to the Ontario Disability Support Program (ODSP). A study conducted by Street Health found that although many homeless people with disabilities cannot access ODSP, providing intensive, one-on-one support with all aspects of the ODSP application process enabled them to access the benefits they need and are entitled to.

Ensuring adequate incomes for everyone will reduce homelessness and improve the health of people who are currently homeless.

[xi] *Other organizations and coalitions such as the Income Security Advocacy Centre and Campaign 2000 have called for the Government of Ontario to implement a comprehensive poverty reduction strategy that, in addition to income security and affordable housing, includes strengthening public investment in areas such as child care, post-secondary education and training. These measures would likewise contribute to addressing homelessness but relate less directly to our study findings and, for this reason, are not included in our action plan.*

Solutions	Specific Actions Needed	Responsibilities
1. Increase social assistance rates	1.1 Raise benefit levels for Ontario Works (OW) and the Ontario Disability Support Program (ODSP) to reflect a minimum standard of living. Implement an increase of at least 40% for OW and ODSP over a 3-year period starting in the 2008/2009 fiscal year. 1.2 Establish an independent committee (made up of labour, academic and community sectors) to determine the criteria by which rates are set, and to set rates and monitor their adequacy in meeting a minimum standard of living. Establish this committee by January 2008. 1.3 Index and adjust rates annually to meet this minimum standard of living. Begin indexing immediately following the recommended increase to benefit levels.	Ontario Ministry of Community and Social Services (MCSS) to raise and index benefit levels, and to establish and support the independent committee (1.1–1.3).
2. Improve access to Ontario Disability Support Program (ODSP) benefits	2.1 Streamline the decision making process for ODSP eligibility to further reduce wait times and improve quality of service. 2.2 Increase the availability of up-front supports to assist applicants in navigating the application process. To improve homeless people's access, immediately implement an Income Support Worker pilot project where community-based support workers outreach to and work one-on-one with disabled homeless people to help them access and maintain benefits.	Ontario MCSS to improve decision-making process and quality of service, and to design and fund up-front supports for applicants. Report on progress by March 2008 (2.1). Ontario MCSS and City of Toronto department of Shelter, Support and Housing Administration to fund pilot project to assist homeless people applying for ODSP (2.2).
3. Increase the minimum wage	3.1 Raise the minimum wage rate to $10 an hour immediately. 3.2 Establish an independent committee (made up of labour, business, academic and community sectors) to set rate and to monitor their adequacy in meeting a minimum standard of living, as well as their impact on employment and the economy by March 2008. 3.3 Index and adjust the wage annually to meet this minimum standard of living. Begin indexing immediately following the recommended minimum wage increase.	Ontario Ministry of Labour to raise and index minimum wage rates, and to establish and support the independent committee (3.1-3.3).

IMPROVE ACCESS TO AFFORDABLE AND APPROPRIATE HOUSING

In addition to poverty, people become homeless and stay homeless because there is a serious lack of affordable, adequate and supportive housing in Toronto. Homelessness was not a short-term crisis for most people in our survey, who had been homeless an average of 5 years. A quarter of homeless people in our survey have waited an average of 4.6 years on the social housing wait list. A third of homeless people in our survey said their physical or mental health conditions were preventing them from securing and maintaining housing, indicating a strong need for supportive housing to help address their specific needs.

The severe lack of social housing in Toronto is a reflection of social policy decisions taken throughout the 1990s that saw the federal and provincial governments cut funding for social housing and download responsibility to municipal governments. Instead of a coordinated strategy on housing we have a patchwork of poorly funded, short-term initiatives that do little to meet the real needs of Toronto's homeless population, let alone make them any less homeless.

People need adequate, affordable housing in order to stabilize their lives and be healthy. Several organizations and groups such as the Toronto Board of Trade, the Toronto City Summit Alliance, and the Wellesley Institute have called for comprehensive housing and homelessness strategies. The Wellesley Institute's *Blueprint to End Homelessness in Toronto* lays out a detailed plan for renewed funding and co-ordinated action to meet the real needs of Toronto's homeless population. Several innovative models of supportive housing have been highly effective in housing homeless people. The experience of the Tent City relocation project in Toronto demonstrated that providing intensive and holistic support, combined with rent supplements, can successfully enable homeless people to move into housing and stay housed.

Ensuring that Toronto has enough affordable, adequate and supportive housing will both move homeless people into housing and prevent people from becoming homeless.

Recommendation	Specific Actions Needed	Responsibilities
4. Increase the availability of affordable and adequate housing in Toronto	4.1 Construct 4,500 new affordable homes annually, where rent is geared to income. 4.2 Provide 11,600 rent supplements annually (at least 1,850 targeted to homeless people). 4.3 Renovate 8,600 sub-standard existing homes annually, targeting social housing and low-income homes needing repairs. 4.4 Implement inclusive planning and zoning tools that require at least 20% of all new housing developments to be designated as truly affordable housing for low-income people.	Government of Canada and Ontario government to provide adequate funding with sufficient flexibility for the City of Toronto to: administer funding for community-based, non-profit and co-op housing; share responsibility for administering rent supplements with social housing providers; and administer housing repair initiatives (4.1-4.3). City of Toronto to implement inclusive planning and zoning tools (4.4).
5. Increase the availability of supportive housing in Toronto	5.1 Construct 2,000 supportive homes annually. These supportive homes should be specialized, affordable models of housing designed to meet specific health and social needs and have support services in place to help people transition to and maintain housing. This includes housing designed to accommodate individuals with physical and mental health needs, as well as harm reduction housing which supports people with alcohol and other drug use issues.	Government of Canada and Ontario government to provide adequate funding with sufficient flexibility (5.1). The City of Toronto and Toronto Central Local Health Integration Network to jointly develop a comprehensive supportive housing strategy with community-based housing providers (5.1).

IMPROVE IMMEDIATE LIVING CONDITIONS FOR HOMELESS PEOPLE

Access to adequate incomes and affordable housing is ultimately what is needed to end homelessness and improve the health of homeless people. In the meantime, there is an immediate need to improve the difficult daily living conditions of people who are homeless.

It can be hard for homeless people to access shelters. Over a third of all homeless people in our survey could not get a shelter bed in the winter, at least once in the past year. Not all shelters provide enough support for people with physical and mental health conditions or substance use issues. The conditions of some shelters increase homeless people's risk for acquiring certain illnesses and many homeless people cannot meet their nutritional needs through the shelter and meal program system. Two thirds of homeless people we interviewed were hungry at least one day a week. Due to gaps in the provision of meal programs and drop-in services, some homeless people need to resort to emergency departments, a costly alternative, to get food, to warm up or to rest.

Even as homelessness is growing, critical services for homeless people are not getting the funding they need to meet homeless people's basic needs. While many shelters, meal programs and drop-ins are doing their best with limited resources, more needs to be done to improve access and quality in these services.

Many organizations and coalitions in Toronto, such as the Toronto Disaster Relief Committee, have called for the maintenance and improvement of emergency services for homeless people. This includes more flexible and supportive shelter models such as the successful shelter-based, alcohol harm reduction program at Seaton House in Toronto.

Homeless people's daily lives are isolated and filled with violence. One in three homeless people in our survey said they have no one to them help in an emotional crisis. One in three had been physically assaulted in the past year and one in ten had experienced violence at the hands of the police. These levels of violence, including police violence, have been part of homeless people's bleak reality since at least 1992.

Many organizations and coalitions in Toronto have pointed out the need to address police violence and harassment targeting homeless people and other vulnerable groups. As the Toronto Police Service rolls out its new third party complaints process, there is a need to ensure that it is accessible to homeless people.

Until income and housing security are adequately addressed, improvements to services for homeless people are needed immediately to improve their health and well-being.

Recommendation	Specific Actions Needed	Responsibilities
6. Improve access to and quality in emergency homeless services in Toronto	6.1 Improve and enforce shelter standards to address issues such as over-crowding, safety, and nutrition. 6.2 Provide flexible, less institutional shelter alternatives designed to better accommodate homeless people's health needs, including an increase in the number of shelter beds that operate from a harm reduction philosophy. 6.3 Immediately increase the total number of beds in the shelter system to restore lost beds and create additional beds to meet current demand by November 15, 2007. 6.4 Expand hours in existing meal programs, and increase the quantity and quality of food served so that homeless people have access to three nutritious meals a day, seven days a week. 6.5 Expand hours of existing drop-ins, so that homeless people always have a safe, indoor space to spend time and connect with other people.	City of Toronto department of Shelter, Support and Housing Administration (SSHA) to improve and enforce shelter standards. Report to City Council on progress by March 2008 (6.1). Ontario Ministry of Community and Social Services and the City of Toronto SSHA to provide adequate and flexible funding to ensure that shelter providers can meet and exceed shelter standards, deliver innovative shelter alternatives, and increase bed capacity (6.1-6.3). City of Toronto SSHA and the federal government's Homelessness Partnering Strategy to provide adequate funding to ensure that meal program and drop-in services offer expanded hours and enhanced services. City of Toronto SSHA to report to City Council on progress by March 2008 (6.4-6.5).

Recommendation	Specific Actions Needed	Responsibilities
7. Address police violence against homeless people in Toronto	7.1 Ensure that the new third party police complaints system is accessible to homeless people, by providing community-based intake of complaints and support throughout the complaint process. 7.2 Conduct mandatory education and training to increase awareness and understanding about homelessness and ensure that all police officers have strong skills in non-violent de-escalation. 7.3 Set explicit directives to ensure that police violence and harassment against homeless people is eliminated.	Toronto Police Service to provide funding for the community-based intake process, and to conduct education and training of officers (7.1). Toronto Police Services Board to require Toronto Police Service to create an action plan with targets for addressing police violence against homeless people by January 2008, and to submit annual reports on progress in meeting targets (7.1-7.3).

IMPROVE ACCESS TO HEALTH CARE AND SUPPORT FOR HOMELESS PEOPLE

Despite their poor health status, homeless people cannot access the health care they urgently need. They often receive inadequate care and frequently face discrimination from health care providers.

Homeless people's access to comprehensive primary health care is poor. More than half of the homeless people in our survey do not have a family doctor, and many have used hospital emergency departments instead, at far greater cost to the health care system. More than a quarter had been refused health care services in the past year because they did not have an Ontario Health Card. More than a third felt they had been judged unfairly or treated with disrespect by a health care provider in the past year.

Until access to primary health care improves, hospitals will continue to be a frequently used source of health care for homeless people. Many homeless people receive inadequate care and discrimination in hospitals, and their unique needs are often not addressed. Hospitals do not always ensure that homeless people will be able to get the prescriptions and follow-up care they need, the food they should eat, and an adequate place to rest when they leave the hospital.

Mental health and substance use services are in high demand and are difficult for homeless people to access. One in five drug users in our survey were unable to get needed treatment in the past year. Many substance treatment programs have moved towards home-based models, which require people undergoing treatment to have a safe, stable place to live and people to support them. These home-based models do not work for homeless people. In addition, few services focus on the substances most commonly used by homeless people in our survey, such as crack cocaine and prescription opioids.

Homeless people in our survey have very poor access to dental and vision care, as well as to prescription drugs. This not only affects their health, but also their ability to gain employment. Many groups, including MISWAA, have stressed the urgent need to extend dental, vision and prescription drug benefits to all low-income people.

Proper access to good primary and mental health care, dental and vision care, as well as prescription drugs, prevent illnesses from becoming more serious and costly to the health care system. Although adequate incomes and housing are the core solutions to improving homeless people's health and health care access, homeless people need good access to quality health care now. There is an immediate need to address barriers in the health care system for homeless people, and to assist homeless people in navigating the complex systems that deliver health and related services.

Most of the responsibility for the health care access solutions below currently falls under the Ministry of Health and Long-Term Care (MOHLTC). However, in the next few years this responsibility will be transferred to the province's new Local Health Integration Networks (LHIN), largely falling on the Toronto Central LHIN for the City of Toronto. It is the responsibility of the Ontario MOHLTC and the Toronto Central LHIN to ensure that in the transition, the unique needs of homeless and other disadvantaged populations are met.

Recommendation	Specific Actions	Responsibilities
8. Improve access to and quality in primary and preventive care	8.1 Expand comprehensive, multidisciplinary, free-standing models of primary care such as community health centres and family health teams. These services should: provide easy access for homeless people through practices such as unscheduled walk-in hours and no health card requirements; include expanded community health work such as outreach, harm reduction, and case management; include dental and vision care; and offer services during evenings and on weekends. 8.2 Increase awareness and capacity among family doctors about the unique needs of homeless people. Encourage them to provide quality services to this group. 8.3 Build on existing community-based services that address homeless people's health related needs and extend them where necessary, until the need for these services decreases. This should include increasing the number of community-based case workers who assist homeless people in navigating various aspects of health and social service systems. 8.4 Enhance public health and community-based efforts addressing Tuberculosis, Hepatitis C, and HIV for homeless people, to ensure an integrative, proactive approach to education, testing, follow-up and access to treatment.	The Ontario Ministry of Health and Long-term Care (MOHLTC) and the Toronto Central Local Health Integration Network (LHIN) to: - Provide increased funding for comprehensive, multidisciplinary primary health care models and encourage them to meet the specific needs of homeless people in the 2008/2009 fiscal year (8.1). - Begin to work with health care providers immediately to deliver training, supports and incentives to family doctors (8.2). - Provide stable and increased funding for health related services and case management for homeless people in the 2008/2009 fiscal year (8.3). Toronto Public Health to immediately enhance disease-specific public health efforts for homeless people (8.4). Public Health Agency of Canada (PHAC) and Ontario MOHLTC to increase funding to enable disease-specific programs focused on homeless people in the 2008/2009 fiscal year (8.4).
9. Improve access to Ontario Health Cards and other identification documents	9.1 Build on existing programs that help homeless people to replace health cards and other identification and establish additional programs across Toronto. 9.2 Build on existing programs that help homeless people to store their identification safely and establish additional programs across Toronto.	Ontario MOHLTC to provide stable and increased funding for identification replacement programs (9.1). The federal government's Homelessness Partnering Strategy and Ontario MOHLTC to provide stable and increased funding for identification storage programs (9.2).

Recommendation	Specific Actions	Responsibilities
10. Improve access to and quality in hospital care	10.1 Conduct mandatory education and training for all hospital staff to increase awareness and understanding about homelessness. For medical staff and others who provide health services, provide additional training to ensure that the unique needs of homeless people are considered and addressed. 10.2 Create a Community Support Worker position within emergency departments, 24 hours a day, and 7 days a week, who provides support to homeless people when they are accessing the emergency department. 10.3 Ensure that all hospital security guards receive mandatory education and training to increase awareness and understanding about homelessness, and have strong skills in non-violent de-escalation. 10.4 Establish and maintain an accessible third party complaints process through a patient relations or similar office. Ensure that the process for making a complaint is clearly posted in all hospital departments.	All downtown Toronto hospitals to conduct education and training for hospital staff, create a community support worker position in emergency departments, ensure that education and training is delivered to security staff and implement a third party complaints process (10.1-10.4). Toronto Central LHIN to adequately fund strategies to address homeless people's access to quality hospital care, and to require all hospitals to implement these strategies as part of 2008-2009 hospital service agreements (10.1-10.4).
11. Improve access to and quality in mental health and addictions supports	11.1 Create and expand comprehensive, alternative models of community-based mental health and addictions services, including outreach, peer support, survivor-run services, 24-hour non-medical crisis support, and case management that addresses the social determinants of mental health and addiction. 11.2 Increase the number of drug and alcohol detox beds in Toronto, as well as residential treatment options for people with addictions. Make homeless people a higher priority for accessing residential detox and treatment programs. 11.3 Build on and expand community-based harm reduction strategies, such as safer injection and crack use kits, outreach services and support programs for substance users, in particular for people who use crack cocaine and prescription opioids.	Ontario MOHLTC and Toronto Central LHIN to: - Provide increased funding for comprehensive community-based mental health and addictions services to meet the specific needs of homeless people in the 2008/2009 fiscal year (11.1). - Provide funding for more detox beds and residential treatment programs in the 2008/2009 fiscal year (11.2). Toronto Withdrawal Management System to modify its detox access policies and procedures (11.2). Health Canada, PHAC of Canada, Ontario MOHLTC and City of Toronto to provide stable and increased funding for harm reduction strategies in the 2008/2009 fiscal year (11.3).

Recommendation	Specific Actions	Responsibilities
12. Ensure access to dental, vision and prescription coverage for all low-income people in Ontario	12.1 Extend dental services for all Ontario Works recipients to cover all basic dental care, as well as emergency care, by March 2008. 12.2 Provide dental, vision and prescription drug coverage to all low-income people beginning in the 2008 2009 fiscal year.	Ontario Ministry of Community and Social Services to extend dental coverage for OW recipients (12.1). Appropriate Ontario Government Ministries to collaborate to provide dental, vision and prescription drug coverage for all low-income people (12.2).
13. Make homeless people a health priority	13.1 Establish a Toronto Central LHIN task force to develop an action plan to address health equity for homeless people. Reporting to the Toronto Central LHIN Board, this task force should ensure the input and representation of homeless people, and identify and promote appropriate and innovative strategies for health care access and addressing health disparities for homeless people, including mental health and addictions services. The task force should establish targets to improve homeless people's health and monitor their implementation and progress. 13.2 Build on and enhance the inclusion of homeless people's health needs within Toronto Public Health's planning and strategies.	Toronto Central LHIN to establish the task force by March 2008 and ensure that adequate resources within the Toronto Central LHIN are allocated to address homeless people's health in the 2008/2009 fiscal year (13.1). Toronto Public Health to ensure that adequate resources are allocated to address the public health needs of homeless people (13.2).

BE PART OF THE SOLUTION

For ideas on how you can take action to help improve the health of homeless people and end homelessness in Toronto visit Street Health's website at **www.streethealth.ca**.