

## WOMEN & HOMELESSNESS

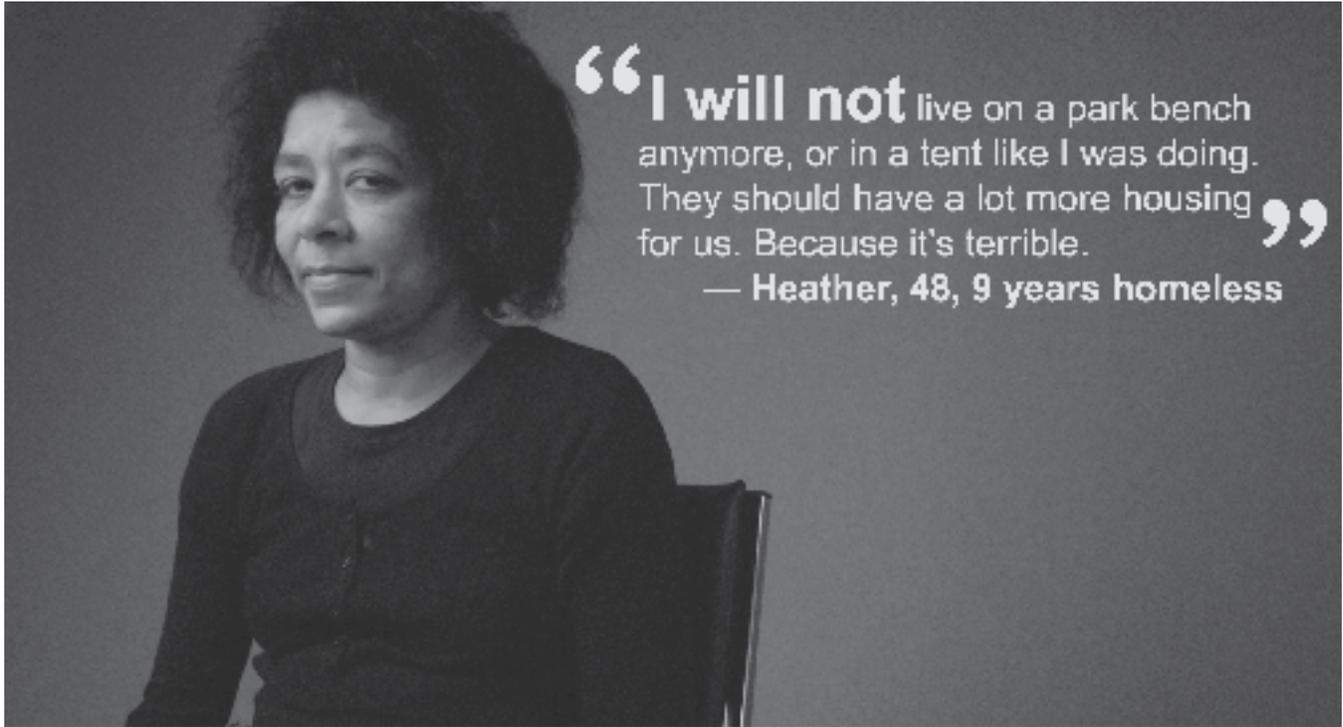


photo by Adrienne, courtesy of the National Film Board of Canada

### HOMELESSNESS HAS A LIFE THREATENING IMPACT ON WOMEN'S HEALTH

Homeless women are not healthy and they are not safe. Alarming rates of violence, pain, mental distress and serious physical health conditions were commonly reported in a recent survey of homeless women in Toronto by Street Health. Yet despite their poor health and extreme vulnerability, homeless women cannot access the health care, social services and supports they urgently need. They face major barriers to health care, adequate housing and other essential social services.

#### Women in our survey

In total, we surveyed 97 people who identified as female.

- The average age was 42 years, with an age range of 19 to 66
- 26% identified as belonging to a racialized group<sup>1</sup>
- 21% identified as Aboriginal<sup>2</sup>
- 91% were Canadian citizens, 6% were landed immigrants, 2% had temporary status
- 81% identified as heterosexual and 16% identified as lesbian, bisexual, or trans
- 44% had completed high school and of those 18% had a college or university degree

<sup>1</sup> Respondents were asked to identify which racial or cultural groups they belonged to and could choose more than one.

<sup>2</sup> Aboriginal people made up a much higher percentage of our sample when compared to the percentage they represent in the general population of Toronto. In the 2001 Census for the City of Toronto, only 0.5% of women identified as Aboriginal. This is consistent with findings from other homeless research across Canada, which have also found that Aboriginal people are vastly overrepresented among the homeless.

## PATTERNS OF HOMELESSNESS

"You can't get out of poverty, no matter how you try. Nothing works together. They have systems but they don't work together. Believe me, I have tried every possible way but you can't. For three years I've been going around in a circle. And I can't get out of it. I'm very resourceful, I'm intelligent and I'm not lazy. I'm sure people give up but I keep going."

- Survey Respondent

**For women in Toronto, homelessness is not a short-term crisis.**

- Women in the study had been homeless an average of 3 years

**Homeless women live in extreme poverty. Although few women cited formal employment as a source of income, only half receive government income supports.**

- 42% reported that they lived on \$2,400 or less per year
- 10% are employed: 2% work full-time, 5% work part-time and 3% reported doing casual or piece work
- 7% reported income from sex work and 3% from panhandling
- 23% reported receiving Ontario Works benefits, 24% reported receiving Ontario Disability Support Program benefits, and 5% reported receiving a government pension

**Women become homeless and remain homeless due to poverty and because there is a lack of safe, affordable and supportive housing.**

Women gave the following main reasons for becoming homeless<sup>3</sup>:

- Not being able to afford the rent – 33%
- Eviction – 33%
- Family or relationship breakdown – 24%
- Poor housing conditions – 12%
- Lack of safety – 18%

Women gave the following main reasons for why they remained homeless:

- Cost of rent is too high or lack of income – 65%
- Lack of suitable housing (unsafe or poor conditions, bad landlords) – 25%
- Physical and mental health conditions – 33%

## THE DAILY LIVES OF HOMELESS WOMEN: DIFFICULT, DANGEROUS AND STRESSFUL

"I never used to have memory loss, where I would have three hours of not remembering what's happened to me in a day, and it's not drug induced. It's not alcohol induced. Just exhaustion, because you don't know 'Where am I going to sleep tonight?' Or I'm at some house and I can't go to sleep because I don't know what's going to happen from minute to minute. You're sleeping with one eye open. I had clumps of hair coming out." - Survey Respondent

**Homeless women do not get enough shelter, sleep or food.**

- 50% said they had not been able to access a shelter bed at least once in the past year, on average 24 times
- 35% reported getting less than 6 hours of sleep each night
- 43% reported going hungry at least one day per week

**Homeless women have difficulty taking care of basic health needs and hygiene routines.**

- 34% reported difficulty getting their clothes washed
- 27% reported difficulty finding a place to bathe
- 33% reported difficulty finding a place to use the bathroom
- 32% found it difficult to obtain pads and tampons

<sup>3</sup> In cases like this respondents were able to choose more than one answer and totals may add up to more than 100%.

"It's so hard, so hard. I almost gave up so many times - I almost did. It's so nice when someone treats you like a human being. If I don't get a home soon, I'll end up at the mental hospital. Being homeless is driving me crazy." - Survey Respondent

### Homeless women are exposed to high levels of violence.

- 37% had been physically assaulted in the past year
- 21% had been sexually assaulted or raped one or more times in the past year

### Homeless women live with extreme pain, exhaustion, and constant stress.

- 20% reported that they are usually in severe pain
- 68% reported living with extreme fatigue
- 58% experienced high levels of stress on a daily basis

### Homeless women experience serious mental distress.

In the past year:

- 58% said they had experienced trouble understanding, concentrating, or remembering
- 68% experienced serious depression
- 64% experienced serious anxiety or tension
- 12% had tried to commit suicide

The circumstances and living conditions of homelessness are both a barrier and a threat to women's health. Lack of access to healthy food and sleep impacts physical health, psychological well being and energy levels. Personal hygiene was a critical and constant issue for homeless women. The inability to maintain personal hygiene not only has an impact of physical health, but also seriously impacts feelings of self-worth and undermines women's ability to maintain their dignity while homeless.

The staggering levels of violence experienced by women who are homeless reveal the vulnerable position that poverty puts women in and the lack of safety homeless women must live with everyday. Violence has a broad range of negative physical and psychological effects. The high levels of pain reported by women suggest that many have injuries, disabilities or medical conditions that are not being diagnosed or treated.

The stress reported by women can compromise the immune system over long periods of time and makes them more susceptible to a range of other health conditions. High rates of depression, anxiety, and suicide attempt are a reflection of the extremely harsh reality of homeless women's lives and the lack of hope that many homeless women experience.



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

## HEALTH STATUS: THE HEALTH OF HOMELESS WOMEN IS ALARMING

"Well, I have a heart problem. So I usually have a lot of chest pains. Right now I can't hold down a job because I can't do much. It's too strenuous for me to do anything because I get tired too quickly and my chest gets very congested where I can't breathe. And I have a lot of stomach pains and just yesterday I got an x-ray for my spine. I got spinal pain."

- Survey Respondent

Homelessness is a life-threatening condition for women. Women who are homeless live with high rates of chronic physical health conditions, acute illnesses and mental health issues. Women in our study reported high rates of a number of serious health conditions and have much worse health than women in the general Canadian population. Other research has shown that homeless women aged 18 to 44 are 10 times more likely to die than women of the same ages who had homes<sup>4</sup>.

**84% of homeless women reported having at least one serious physical health condition<sup>5</sup>.**

### Chronic or ongoing physical health conditions

Homeless women in our survey compared with women in the general Canadian population

	Homeless Women	General population
Arthritis or Rheumatism*	50%	20% <sup>6</sup>
Allergies other than food allergies*	50%	31% <sup>6</sup>
Migraines*	43%	15% <sup>6</sup>
Liver disease*	26%	10% <sup>7</sup>
Asthma*	33%	10% <sup>6</sup>
Problem walking, lost limb, other physical handicap	33%	n/a
Chronic Obstructive Pulmonary Disease (COPD)*	29%	1%
Hepatitis C	24%	n/a
Anemia	23%	n/a
Stomach or Intestinal Ulcers*	23%	3% <sup>6</sup>
Heart disease*	20%	4% <sup>6</sup>
High blood pressure	20%	16% <sup>6</sup>
Diabetes*	16%	4% <sup>6</sup>
Epilepsy	10%	n/a
Inactive or latent Tuberculosis	9%	n/a
Heart attack in lifetime	8%	n/a
Stroke in lifetime	6%	n/a
Cancer	4%	1% <sup>6</sup>
Fetal Alcohol Spectrum Disorder	4%	n/a
Congestive Heart Failure	2%	n/a
Hepatitis B	2%	n/a
HIV positive	1%	n/a
AIDS	1%	n/a

\*statistically significant difference

n/a = data not available

<sup>4</sup> Cheung AM and Hwang SW. 2004. Risk of death among homeless women: a cohort study and review of the literature. *Canadian Medical Association Journal*. 170(8): 1243-1247.

<sup>5</sup> A "serious physical health condition" was defined as any of 22 serious conditions, including: cardiovascular and respiratory diseases, hepatitis and other liver diseases, gastrointestinal ulcers, diabetes, anemia, epilepsy, cancer and HIV/AIDS.

<sup>6</sup> Source: Statistics Canada. *Canadian Community Health Survey (CCHS) Cycle 3.1 (2005)*. This analysis is based on Statistics Canada's *Canadian Community Health Survey, Cycle 3.1 (2005), Public Use Microdata File*, which contains anonymized data. All computations on these microdata were prepared by Street Health and the responsibility for the use and interpretation of these data is entirely that of the authors.

<sup>7</sup> Canadian Liver Foundation. 2008. Telephone Communication, May 22, 2008. Toronto.

Homeless women in our study had significantly higher rates for almost all physical health conditions where comparable data for women in the general population was available. For example, our results show that homeless women are:

- **5 times as likely to have heart disease**
- **3 times as likely to have asthma**
- **2 ½ times as likely to have arthritis or rheumatism**
- **4 times as likely to have diabetes**

"I'm supposed to be on a special diet and I can't at the shelter have the things I'm supposed to eat. I'm lactose intolerant and I'm supposed to have high protein food. And you don't really have much of choice."  
 - Survey Respondent

There are also some acute health issues that homeless women commonly experience. These issues are related to the unique and difficult living circumstances of homelessness which include violence and injury, crowding and prolonged exposure to the elements.

<b>Acute or episodic physical health issues reported by women in the past year</b>	<b>%</b>
Foot problems	43%
Bed bug bites	25%
Pneumonia	24%
Seizure	13%
Skin infection, skin sores or ulcers	13%

**55% of homeless women reported having a mental health diagnosis.**

Although more than half of all homeless women had received a diagnosis for a mental health issue at some point in their lifetime, the most common mental health diagnoses were depression and anxiety. This does not support the stereotype of the mentally ill homeless person who suffers from psychosis and wants to live on the street.

<b>Mental health conditions</b>	
<i>Most common mental health diagnoses reported by homeless women in our survey</i>	<b>%</b>
Depression	29%
Anxiety	19%
Post-traumatic stress disorder	10%
Bipolar (manic depressive)	10%
Addiction to drugs or alcohol	6%
Schizophrenia	4%

Mental health problems do not directly cause homelessness. People with mental health issues can become homeless when they lack income stability and appropriate supports. Many of the factors that compromise mental health, such as instability, social isolation and violence are also part of the daily reality of homelessness. For people who experience mental health problems, these problems may worsen, or be amplified by the everyday traumas experienced due to homelessness.

- Compared to homeless men, homeless women in our survey are:**
- **10 times more likely to be sexually assaulted**
  - **More likely to have serious physical health problems**
  - **Twice as likely to have received a mental health diagnosis**

## ACCESS TO HEALTH CARE: HEALTH CARE SERVICES ARE NOT MEETING HOMELESS WOMEN'S NEEDS

"It's discrimination. They do treat you differently because you're homeless. Who the hell are you? You're nobody. You don't have a place to stay, you're nobody."  
- Survey Respondent

**Many homeless women do not have a stable source of primary health care. They have far worse access to family doctors than women in the general population.**

- 29% have no regular source of health care or use the emergency department as their usual source of care
- 56% do not have a family doctor (compared with only 10% of women in the general Canadian population)

**Hospitals are a frequently used source of health care for homeless women.**

- 61% had visited a hospital emergency department in the past year, on average 4 times
- 24% had been hospitalized at least one night

**Homeless women have many unmet health care needs, including post-natal care and access to substance use programs.**

- 14% said they have had a baby while homeless. Of those, 23% had been discharged from the hospital after giving birth without having any place to go
- 21% of women who used alcohol or drugs had tried to access detox or treatment in the past year, but were not able to

**Homeless women have poor access to medications and important preventive health care services.**

- 42% did not have a drug benefit card
- 60% had not been able to obtain needed prescription medications in the past year
- 38% of women over age 40 had never had a mammogram
- 59% of all women had not had a pap test in the past year

**Homeless women face discrimination by health care providers when attempting to access health care**

- 47% said they had been judged unfairly or treated with disrespect by a health care provider in the past year
- The most common reasons women felt they were discriminated against were because they were homeless (cited by 71%), because of their use of drugs or alcohol (48%), because of their gender (26%), and because of their race/ethnic background (21%)

**Many women can't follow health care advice because of their difficult living circumstances and because of poverty.**

- 42% said that they had not been able to follow their health care provider's advice or treatment plan in the past year. Of those, 83% said that their living situation wouldn't allow it or it was too difficult to do and 23% said that the advice or treatment plan cost too much

Access to a stable primary health care provider who knows your medical history and with whom you feel comfortable is very important, especially for women who may have been traumatized in the past by figures of authority. At best, poor treatment by health care providers means that many homeless women do not have their health problems adequately addressed. At worst, some homeless women are being re-traumatized in the process of seeking help for their health issues.

Good health requires more than a doctor's visit yet health advice or treatment plans can be difficult to follow when homeless. For example, having to take medications with food would be difficult for the many women in our survey who reported high rates of hunger.

“Just because we’re  
homeless, we’re still people. You  
know, you can work nine to five,  
you can work a 40-hour week,”  
and still be homeless.  
—Lorrie, 42, 4 months homeless



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

### Women's Homelessness: A Common Occurrence

The impact of homelessness on women's health is addressed in more detail in a 2002 qualitative report by Sistering and the Toronto Community Care Access Centre called *Common Occurrence: The Impact of Homelessness on Women's Health*.

The women who were surveyed for this study are among the more visibly homeless. In addition to people who use shelters or sleep outside or in places not intended to for human habitation, homelessness also includes a continuum of people who are less visibly homeless but who live in poor housing or overcrowded conditions and people with low incomes who are at risk of becoming homeless. Homeless women are often less visibly homeless than men because they are more likely to double up with friends or relatives or move between temporary situations. This type of homelessness is often referred to as 'hidden' homelessness.

*Common Occurrence* explores the continuum of women's homelessness and documents the serious impact that visible and hidden homelessness has on women's emotional, mental, spiritual and physical health. Information for this report was gleaned through interviews with 126 homeless women in 14 languages, and 38 social service agency representatives. For more information please visit [www.sistering.org](http://www.sistering.org).

## SOLUTIONS

"If people were housed, they could take care of their medical problems more easily. There's all these condominiums going up all the time. Can they put up housing for the homeless, like just a couple, okay?"  
- Survey Respondent

Homelessness has a devastating impact on women's health and well being. Immediate action is needed to address poverty and the of lack safe, affordable housing which underlie homelessness and the distressing rates of illness, violence and mental distress experienced by homeless women.

The recommendations below are aimed at improving the health of homeless women and eliminating homelessness.

## INCOME

"Welfare doesn't give you enough money to survive, to get out of it. I was on welfare, I was living in a room for \$510 and they gave me \$520 in welfare. I never managed to survive for a month without not having food for a few days."  
- Survey Respondent

The women in our survey live in extreme poverty: 42% live on less than \$200 per month. Our survey found that women become homeless and stay homeless largely because of poverty. Income is a major determinant of health and was cited throughout the study as a barrier that prevented women from accessing health care and maintaining good health. Ensuring that women have adequate incomes will improve their health and reduce homelessness.

1. The Ministry of Community and Social Services should **raise benefit levels** for Ontario Works and the Ontario Disability Support Program by at least 40% (to reinstate the 23% cut made in the 1990s and adjusted to reflect a current minimum standard of living), then index and adjust rates annually to meet this minimum standard of living.
2. The Ontario Ministry of Labour should **raise the minimum wage rate** to \$10 an hour immediately, then index and adjust the wage annually to meet a minimum standard of living.

## HOUSING

"I want a door that locks, that's secure and safe. I can work with anything as long as it's got that - I can make it home."  
- Survey Respondent

Women need housing in order to stabilize their lives and be healthy. Ensuring that women have access to affordable and safe housing in neighbourhoods where they feel comfortable will both reduce the number of homeless women and prevent more women from becoming homeless. Many homeless women have physical and mental health issues, indicating a strong need for supportive housing to help address their specific needs.

3. The City of Toronto and Toronto Central Local Health Integration Network, with adequate funding from the Governments of Canada and Ontario, should increase the availability of **women-only supportive housing** designed to accommodate women with physical and mental health needs, as well as harm reduction housing, which supports women with alcohol and other substance use issues.
4. The City of Toronto, with adequate funding from the Governments of Canada and Ontario, should **increase the availability of affordable and adequate housing** in Toronto. This should include the construction of new affordable homes, improvements to sub-standard existing social housing to make it safer for women, and rent supplements that follow the individual rather than the housing unit.
5. The City of Toronto department of Shelter, Support and Housing Administration should give **women who have children high priority on the social housing wait list** whether they live with these children or not, to prevent women from losing custody of their children because they lack adequate housing, and to assist women in regaining custody of their children.

## CHILD CARE

"The hardest part [about being homeless] for me is thinking about my son and where he's at ... " - Survey Respondent

"As a single mother I have had to struggle for both me and my child. Yes, I've worked and I'm a hard worker. But sometimes it just doesn't pay the rent."  
- Survey Respondent

Although our survey captures predominantly the experiences of women living in single adult shelters, the experience of being a low-income parent came up frequently throughout the survey. Few women cited formal employment as a source of income and other research has shown that women with children are less likely to work after they become homeless<sup>8</sup>. A universal system of publicly funded early childhood education and care for all children and families is needed. In the short term, adequate child care supports will reduce homelessness for women and their children by increasing women's access to education, training and employment.

6. The Ministry of Children and Youth Services and the City of Toronto should increase the number of **subsidized day care spaces** for low-income parents and **extend the period of childcare subsidy** for women looking for employment.
7. The Ministry of Children and Youth Services should adequately fund existing community-based advocacy programs and create additional ones to **support low-income parents who need help to navigate the child welfare system**. This could include a support group for parents needing to understand child welfare practices, as well as supportive accompaniment to legal appointments and court appearances.

## HEALTH CARE

"I believe the health care system could use some changes. I think they need to implement more social workers and take an interest in the mental well-being of people." - Survey Respondent

"It's like a walk-in clinic for homeless at the community health centre. They care. Even the secretaries - there's thousands of patients and you walk in and they know your name, you know? Never ask you - 'oh, can I have your health card?' again. No, you just go on in." - Survey Respondent

Homelessness has a devastating impact on women's health. Eighty-four percent (84%) of the women in our survey reported having at least one serious physical health condition, which is significantly higher than their male counterparts, 70% of whom reported the same. Although our study did not interview women at violence against women shelters, it is clear from our findings that violence is an issue for many homeless women, regardless of where they access services.

Despite their poor health status, homeless women cannot access the health care they need. They often receive health care advice they are unable to follow because of their living circumstances and they often face discrimination from health care providers. There is an immediate need to address the barriers in the health care system for women.

8. The Ontario Ministry of Health and Long-Term Care and Toronto Central Local Health Integration Networks should adequately fund and **expand comprehensive, multidisciplinary, low-barrier models of health care**, such as family health teams and community health centres. These services should: provide easy access for homeless women through practices such as unscheduled walk-in hours and no health card requirements; include expanded community health work such as outreach, harm reduction, case management and counselling; and offer services during evenings and on weekends.
9. The Ontario Ministry of Health and Long-Term Care and Toronto Central Local Health Integration Network should provide funding to **increase the number of women-only drug and alcohol detox beds** in Toronto, as well as residential treatment options for women with addictions. This should include detox beds that are medically supervised.

<sup>8</sup> Decter, Ann. 2007. *Lost in the shuffle: The impact of homelessness on children's education in Toronto*. Toronto: Community Social Planning Council of Toronto.

10. The Ontario Ministry of Health and Long-Term Care should develop education and training programs to increase awareness and capacity among health care providers to enable them to provide **trauma informed service delivery**, which takes into account knowledge about the physical and emotional impact of trauma and incorporates appropriate strategies for providing services.
11. The Ontario Ministry of Health and Long-Term Care, Toronto Central Local Health Integration Network and Toronto Public Health should collaborate to establish hospital/community, multidisciplinary models of practice that **provide pre/post natal and well baby care specifically for homeless and low-income women**. Dedicated nurse specialists should coordinate these models of shared care within hospitals and on an outreach basis at shelters and community-based clinics.

**Until income, housing security and other broad social causes and amplifiers of homelessness for women are adequately addressed, there is an immediate need to improve emergency services for women who are homeless.**

## SHELTERS & DROP-INS

"You are not in control of yourself anymore. At the shelter I am at now it's difficult because we have to get up five days a week at 7 and at 9:30 we have to be out of the shelter but then we have to be back at 3 o'clock in the afternoon."  
- Survey Respondent

The living conditions of homeless women are a major contributing factor to their poor health and well-being. One of the reasons for this is a shortage of services and programs for homeless women in Toronto. Of the approximately 2,500 single adult shelter beds in the City, only about 725 are for women<sup>9</sup>. It is evident from our study findings that there is a connection between lack of access to shelter and the victimization of women. Many women in the study expressed the need for more flexibility and control over daily routines in shelters, as well as the need for more emotional and social support. Allowing for more autonomy and reducing social isolation are key to enabling homeless women to participate more fully in society.

- Racialized women were underrepresented in our sample compared with the population and with poverty rates in Toronto, which are disproportionately racialized. This raises questions as to where these women are accessing support.
12. The City of Toronto and the federal government's Homelessness Partnering Strategy should provide adequate funding to ensure that **community-based meal programs can expand their hours, year-round, and increase the quantity and quality of food served** so that women who are homeless have access to three nutritious meals a day, seven days a week.
13. The City of Toronto and the federal government's Homelessness Partnering Strategy should provide adequate funding so that drop-ins can **expand the number and hours of service of women-only drop-ins, year-round**, so that women who are homeless always have a safe, indoor space to connect with other people. Drop-ins should be funded to provide skills training as well as activities that decrease isolation and help women connect with each other and to their communities. This could include peer support groups, community gardens, and cooking cooperatives. It should also include night-time drop-ins for women who do not use shelters or who work at night, so that they too have a safe space to spend time and access other services.

14. The City of Toronto should providing adequate funding to **improve and enforce shelter standards** to address issues such as overcrowding, safety, and nutrition. Provide **additional women-only shelters and adapt existing shelters** so that they are more flexible, less institutional, and designed to better support the well being of women and accommodate their health needs, including more shelters with private rooms. This should also include more shelters that operate from a harm reduction philosophy, as well as harm reduction shelter programs like the Seaton House Annex program for men. The 3-month maximum stay policy should be eliminated at shelters where it still exists.

<sup>9</sup> City of Toronto. 2008. *Toronto Shelter, Support & Housing Administration. Guide to Services for People Who Are Homeless '08*. Toronto: City of Toronto.



“I can’t do much, because I’m always short of breath, I have to sit down. I don’t sleep very often. And living in a shelter, to be honest with you, is not healthy at all. It’s not the best place to be...”  
The place is infested with bugs. I got bitten three times.

— Kathy, 37, 2 years homeless

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

15. The Ontario Ministry of Health and Long-Term Care and the Toronto Central Local Health Integration Network should partner with experienced community-based organizations to increase the number of **community-based caseworkers** who can assist homeless women in navigating various aspects of the health and social service systems, to provide support such as accompaniment to doctor’s appointments and negotiating with landlords.
16. The Ministry of Citizenship and Immigration should **extend provincial funding for Violence Against Women** programs and services at all shelters, drop-ins and community-based agencies serving women at the same level as violence against women shelters, to enable them to also provide trauma counselling and support services for women.
17. In an effort to make homeless services more accessible to immigrant and racialized women, the City of Toronto and the federal governments Homelessness Partnering Strategy should fund and require drop-ins and shelters to:
  - create language specific staff positions
  - fully implement anti-oppression and cultural competency into their practices
  - expand or create service partnerships with immigrant settlement services
  - develop outreach programs to reach hidden homeless women who are not accessing services, many of whom are racialized and immigrant women

## The Street Health Report 2007

The findings in this bulletin are from a research study conducted in the winter of 2006/2007 by Street Health on the health status and access to health care of homeless people in Toronto.

A representative, random sample of 368 homeless adults were surveyed about their health and access to health care at 26 different shelters and meal programs across downtown Toronto.

The *Street Health Report 2007* provides a comprehensive overview of the physical and mental health, well-being, access to health care, and daily realities of homeless people in Toronto. The study found that the health and access to health care of homeless people is very poor and has gotten worse over the past fifteen years. A copy of the *Street Health Report 2007* is available at [www.streethhealth.ca](http://www.streethhealth.ca).

*The Street Health Report 2007 Research Bulletin #2: Women & Homelessness. Street Health. Toronto: June 2008.*

This bulletin was prepared by Erika Khandor (Street Health) and Kate Mason (Street Health). Project Team: Sandy Alcott (Street Health), Laura Cowan (Street Health), Ann Decter (Sistering), Ashley Heaslip (University of Toronto), Marcia Jarman (Street Health), Angela Robertson (Sistering), Brenda Roche (Wellesley Institute), Allison Scott (Centre for Research on Inner City Health).

The Ontario Women's Health Network (OWHN) is very pleased to partner with Street Health and Sistering in the distribution of this bulletin. OWHN works with women, health and social service providers, community organizations and others to support equitable, accessible and effective health services for all women in Ontario. To learn more about our projects or to join our listserv, visit [www.owhn.on.ca](http://www.owhn.on.ca).



Copies of this bulletin can be downloaded from [www.streethhealth.ca](http://www.streethhealth.ca), [www.sistering.org](http://www.sistering.org), and [www.owhn.on.ca](http://www.owhn.on.ca).

Funding for this bulletin was generously provided by:



Homelessness Knowledge Development Program of the Homelessness Partnering Secretariat

**METCALF  
FOUNDATION**



Interdisciplinary Capacity Enhancement Grant on Homelessness, Housing and Health

The views and opinions expressed in this bulletin are the views of Street Health and do not necessarily reflect those of the funders listed above.

## About Sistering – A Women's Place

Sistering has been supporting homeless, under housed and low-income women in the Toronto community since 1981. Sistering is a multi-service women's centre that offers practical and emotional support through drop-ins and other programs which enable women to take greater control over their lives.



962 Bloor St West  
Toronto ON M6H 1L6  
(416) 416-926-9762  
[www.sistering.org](http://www.sistering.org)

## 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 in those who are homeless, poor, and socially marginalized in Toronto.



338 Dundas Street East  
Toronto ON M5A 2A1  
(416) 921-8668  
[info@streethhealth.ca](mailto:info@streethhealth.ca)  
[www.streethhealth.ca](http://www.streethhealth.ca)