

Health and Homelessness

Presented to: Local Health Integration Network
By: The Homeless Coalition of Windsor-Essex County
Tuesday, January 30, 2007

The Homeless Coalition of Windsor-Essex County

- In January 2002, the Taking Action on Homelessness Together Coalition (changed to the “Homeless Coalition of Windsor-Essex County” in 2005) was formed as a result of the first community planning process conducted to meet the objectives of the Supporting Communities Partnership Initiative (SCPI) – Phase 1. Since that time, the Coalition has continued to meet and achieve significant progress toward common community goals with respect to the issue of homelessness.

Homeless Coalition Continued

- The Coalition is comprised of 36 organizations and individuals from the housing, health, and social services sectors.
- The Coalition meets monthly and supports six active subcommittees: 1) Executive; 2) Personnel; 3) Public Awareness; 4) Lobbying; 5) Seamless Service Delivery; and, 6) Homeless and Hard to Serve

What is Homelessness?

- In May 2006, the Homeless Coalition of Windsor-Essex County adopted the following definition of homelessness:
Homelessness includes: those who are “visible” on the streets or staying in shelters; those who have been homeless in the recent past and continue to be at risk; those who live in housing that is unsafe, unsuitable, over-crowded, illegal, temporary, transitional; or those at imminent risk of losing their housing

What is Homelessness? Continued

A person is considered homeless who lacks a fixed, regular, and adequate nighttime residence, and has a primary nighttime residence that is

- a) Supervised publicly or privately operated shelter designed to provide temporary living accommodations
- b) An institution that provides a temporary residence for individuals intended to be institutionalized; or
- c) A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings

World Health Organization Definition

According to the World Health Organization (WHO), health is defined as:

“...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity...is one of the fundamental rights of every human being...and is dependent upon the fullest co-operation of individuals and States. Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.”

WHO Functions of Government

As identified by the WHO one of the functions of government is “to promote, in co-operation with specialized agencies where necessary the improvement of nutrition, housing, sanitation, recreation, economic, or working conditions and other aspects of environmental hygiene.”

Social Model of Health

- The social model of health is “a conceptual framework within which improvements in health and well-being are achieved by directing effort towards addressing the social and environmental determinants of health, in tandem with biological and medical factors.”

What We Know

- ❑ Homeless individuals are at high risk of acute hospital care
- ❑ Many homeless individuals and families are less likely to have family doctors, and therefore have increased emergency room attendance
- ❑ Homeless individuals suffer from a variety of health issues such as seizures, chronic heart disease, and skin and foot problems
- ❑ Mortality rates are 3 to 5 times higher in homeless adults than in the general population.
- ❑ Lower rates of disease and death are related to people who have ties to their community (number of friends/acquaintances, and volunteer and religious affiliations)

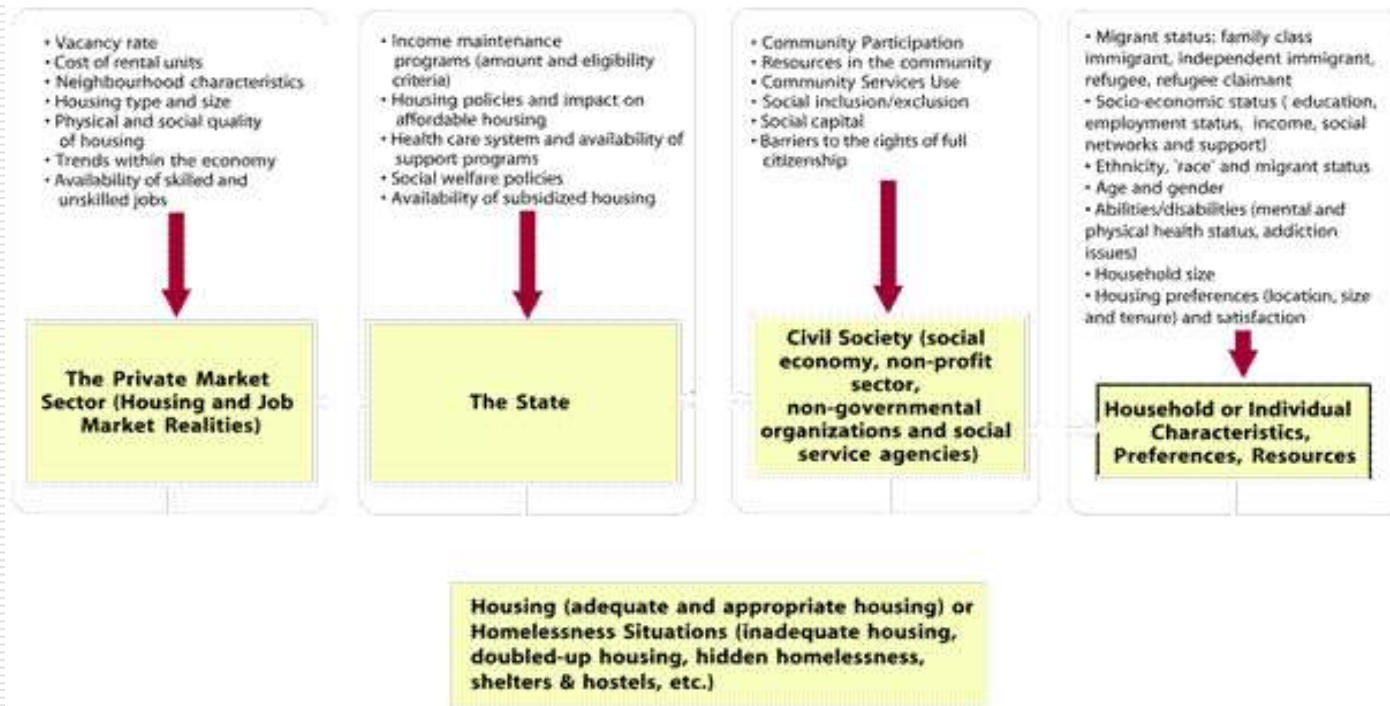
What We Know Continued

- ❑ Low income children are at increased risk for health consequences such as diarrhea, ear infections and asthma, in addition to experiencing poor nutrition. In homeless children this is compounded by the burden of residential instability.
- ❑ Lack of transportation and proper identification (e.g. health card) is a barrier to accessing health care for homeless individuals and families.

An Integrated Support and Housing Model for Windsor-Essex County (ISHM)

- The Coalition has developed a document to present a comprehensive and integrated model that identifies the housing and support needs of individuals and families in Windsor-Essex County.
- Homelessness cannot be viewed as one-dimensional, but is in fact the result of complex interaction between factors related to the private market, the state, society and household/individual characteristics.

Figure 1

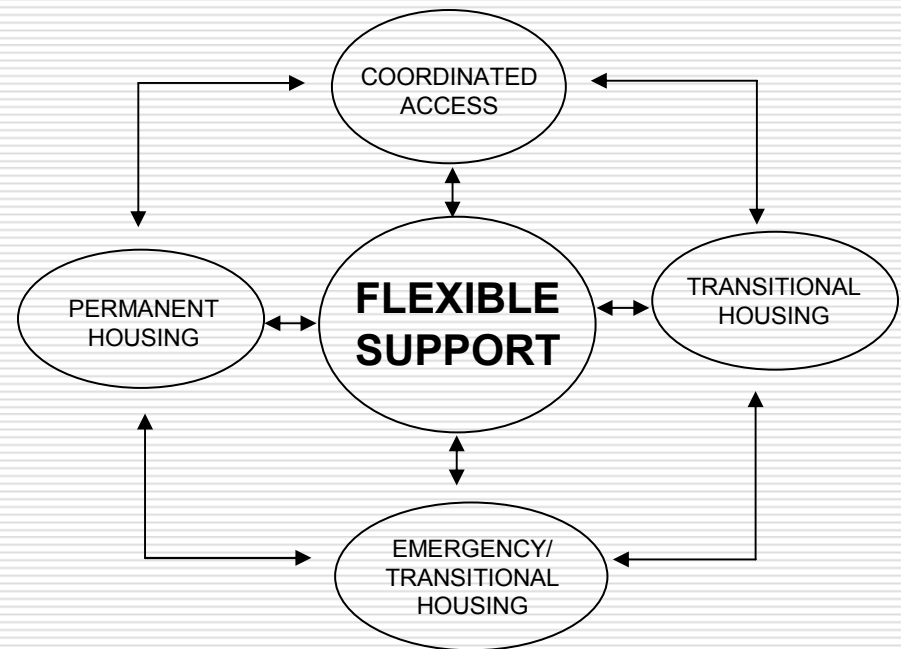


Anucha, U. (2005). Conceptualizing Homeless Exits and Returns: The case for a multidimensional response to Episodic Homelessness, *Critical Social Work*, 6 (1).

ISHM Continued

- ❑ Support is the integral component
- ❑ “Life issues” must be addressed to resolve housing issues
- ❑ Services must be provided based on individual needs, ensuring adequate funding

Figure 2: Conceptual Framework Model



ISHM Continued

This document identifies two specific relationships between the LHIN's and the Coalition.

1. In the May 2005 bulletin, it was expressed that Local Health Integration Networks recognize that "community-based care reflecting the needs of that community is best planned, coordinated and funded in an integrated manner within that community." The proposed Integrated Support and Housing Model is consistent with the Network's stated objective.

ISHM Continued

2. The emphasis on integrating Mental Health and Addictions, as one of three lead priorities, is particularly relevant for an integrated system for persons who are homeless or at-risk of homelessness as in Windsor-Essex county. Many of the people entering the homelessness system are experiencing mental health and/or addiction issues. These individuals, especially the chronic or hard to serve homeless, are often not served in the mental health system. Homelessness in this context is not a housing issue; it is a health issue

Current Community Services

The Street Health Program (run by the Teen Health Centre) is a community support program offering services such as:

- ❑ Assistance in obtaining identification (health card, birth certificate, social insurance number)
- ❑ Primary health care services for homeless and street people
- ❑ Advocacy, support and referrals to appropriate community resources and outreach programs
- ❑ Part time foot care clinic
- ❑ Hygiene and laundry program

Conclusion

Homelessness is expensive to the health care system. By providing these individuals and families with adequate supports in order to navigate the health care system including obtaining identification, transportation assistance, and finding suitable family doctors, the strain on the system will be relieved.

Conclusion Continued

This will result in fewer hospital visits and acute care, and by easing the burden of “life issues”, people will be better prepared to secure adequate, affordable housing, removing themselves from the cycle of poverty

References

- ❑ Anucha, U. (2005). Conceptualizing Homeless Exits and Returns: The case for a multidimensional response to Episodic Homelessness, *Critical Social Work*, 6 (1).
- ❑ Hwang, Stephen W. Homelessness and health. *Canadian Medical Association Journal*. 2001; 164 (2): 229-233
- ❑ Kushel, Margot B., Vittinghoff, Eric, Haas, Jennifer S. Factors associated with the health care utilization of homeless persons. *The Journal of the American Medical Association*. 2001; 285 (2) (reprinted): 200 – 206.
- ❑ McCary, Jessie M., O'Connell, James J. Health, Housing and the heart: Cardiovascular disparities in homeless people. *Circulation*. 2005; 111: 2555-2556
- ❑ Ross, Nancy. Community belonging and health. *Health Reports*. 2002; 13 (3): 33 – 39
- ❑ Ryan, Alice, Sarikoudis, Vicki. The social model of health: Bridging the gap between the health and homelessness sectors. *Paper presented at the 3rd National Homelessness Conference 'Beyond the Divide' convened by the Australian Federation of Homelessness Organizations. April 6-8 2003.*
- ❑ Weinreb, Linda, Goldberg, Robert, Perloff, Jennifer. Determinants of health and service use patterns in homeless and low-income housed children. *Pediatrics*. 1998; 102: 554-562
- ❑ Weinreb, Linda, Goldberg, Robert, Perloff, Jennifer. Health characteristics and medical service use patterns of sheltered homeless and low-income housed mothers. *J Gen Intern Med*. 1998; 13: 389-397
- ❑ World Health Organization Constitution, http://www.who.int/governance/eb/who_constitution_en.pdf