

What is York Region?

York Region is made up of 9 municipalities:

- Aurora, East Gwillimbury, Georgina, King, Markham, Newmarket, Richmond Hill, Vaughan, Whitchurch-Stouffville
- Poverty and homelessness exist, although issues are often hidden by overall wealth and economic prosperity

Homelessness comes in different forms:

- **Absolute homeless:** These individuals cannot afford adequate housing so they camp outside or sleep in cars, abandoned buildings, etc. For various reasons, they do not choose to or cannot get to an emergency shelter.
- **Hidden homeless:** These individuals cannot afford their own place and may share accommodation, not necessarily with someone they choose. These individuals may be couch-surfing or trading sex for shelter, and shuffling from place to place. They may live in overcrowded conditions, such as multiple families in a single-family home.
- **At risk of homelessness:** These individuals are paying a disproportionate amount of their income on housing. If housing costs over 30% of their income, they are likely to have financial difficulties, and if housing costs over 50%, they are at significant risk. These individuals are only one pay cheque, one illness, or one family breakdown away from losing their home.

How does homelessness impact health?

Research has shown that people who are homeless or at-risk of becoming homeless have significantly poorer physical and mental health outcomes compared to the general population. Their poor health often results from compromised living conditions and other social determinants of health.

What has been investigated?

To further understand the relationship between health and homelessness in York Region, the York Region Alliance to End Homelessness (YRAEH) conducted a comprehensive health needs assessment. YRAEH used a paper questionnaire to collect input from frontline staff of local agencies based on their understanding of their main client populations' health needs. *All findings represent the proportion of frontline workers from 15 organizations who responded to survey questions, rather than the proportion of clients themselves.*

Who was represented in this survey?

About 70% of the frontline workers that participated said that they supported at-risk clients, while 54% of the participants said they supported homeless clients.

Table 1: Percentage of frontline workers that support these demographics

Characteristics	Percentage
Women (age 27+)	65
Men (age 27+)	57
Youth (age 16 to 26)	51
Newcomers (immigrants, refugees, and non-status)	51

Table 2: Percentage of frontline workers that supported clients with these circumstances

Characteristics	Percentage
Mental health	62
Addictions	59
HIV/AIDS	49
Victims of domestic violence	49
Developmental disability	32
Physical disability	22

¹ Mooj, C. 2010. *Needs Assessment: Health and Access among Homeless and At-Risk People in York Region*. Newmarket: York Region Alliance to End Homelessness.

² Mooj, C. 2010. *Homelessness and Health: Social Determinants of Health in York Region*. Newmarket: York Region Alliance to End Homelessness.

Where do people live?

Frontline workers commented on clients' living conditions:

- 54% said their clients stayed in a rented room, house, or apartment
- 43% said their clients had stayed in an emergency or transitional shelter
- 35% said their clients had stayed with a friend
- 19% of those supporting male clients said their clients had stayed somewhere outside

Why do people become homeless?

- Inability to afford rent (66%)
- Relationship break-up (34%)
- Evictions (26%)

Why can't people find or maintain housing?

- Cost of rent was too high (68%)
- Lack of suitable housing (27%)

Housing is often inadequate and unhealthy. Half of the frontline workers, especially staff working with youth, said they had supported clients living in a place with a mould problem. On average, frontline staff estimated that their clients could be on a subsidized housing waiting list for about 3 years. In some cases, the estimated waiting time ranged up to 10 years.

What about income and identification?

About a third of frontline workers said clients without a health card had been refused healthcare at:

- Walk-in clinics (31%)
- Emergency department or hospitals (19%)
- Family doctor's offices (15%)

Most common reasons for not having a health card:

- Lost it (30%)
- Not eligible for a health card (24%)

Frontline workers said that the most common sources of income were:

- Ontario Works (64%)
- Ontario Disability Support Program (33%)
- Employment wages (17%)

Other services refused for lack of identification:

- Banking services (37%)
- Ontario Works (26%)

How does homelessness affect access to healthy food?

Clients were hungry due to a lack of food:

- At least a couple days per week (31%)
- At least one day per week (14%)
- At least one day per month (11%)

Common sources of food:

- Food banks (73%)
- Grocery stores (57%)
- Meal programs or soup kitchens (51%)

Almost two-thirds of frontline workers said their clients needed to follow a special diet, most commonly due to:

- Diabetes (87%)
- Culture or religion (48%)

Most common reasons given for clients not receiving a special diet supplement despite need:

- Did not apply (34%)
- Applied but was denied (31%)

Does homelessness affect sleep quality?

Frontline workers said clients often complained of difficulty sleeping due to:

- Bad nerves and inability to relax (70%)
- Feelings of pain and discomfort (49%)
- Nightmares (41%)

What about social interaction?

Frontline workers said clients were impacted by social isolation, especially those working with newcomers (79%).

Over 1 in 5 frontline workers said that none of their clients participate in recreational/social programs due to:

- Lack of desire to participate (37%)
- Lack of transportation to access programs (34%)
- Cost (31%)
- Lack of knowledge of programs and location (29%)

What about physical health?

Most frontline workers, especially those supporting men, thought clients' physical health were fair (49%) or poor (30%).

Types of physical health issues:

- Pain/discomfort and disability (57%)
- Oral Health – e.g. pain and discomfort in gums (68%)
- Lack of regular dental or eye care (over 50%)
- Access to feminine hygiene products and pregnancy testing (up to 42%)

Barriers to healthcare access:

- Feeling disrespected or unfairly judged by health professionals
- Cost and lack of coverage
- Lack of awareness of existing resources

What about mental health?

Almost all frontline workers said that their clients' mental health were poor (46%) or fair (43%). Staff supporting women rated their clients' mental health to be the poorest (54%).

Table 4: Percentage of frontline workers who observed these mental health issues in clients

<i>Observed Mental Health Issues</i>	<i>Percentage</i>
Serious depression	97
Serious anxiety or tension	97
Trouble understanding, concentrating, or remembering	97
Stress	88
Learning disabilities	65
Suicide risk (especially in youth)	59 (79)
Delusions	57
Hallucinations	54

Table 5: Percentage of frontline workers who knew of formally diagnosed mental health issues in clients

<i>Diagnosed Mental Health Issues</i>	<i>Percentage</i>
Depression	81
Anxiety	81
Bipolar	62
Addiction	57
Post traumatic stress disorder	49

A gap in diagnoses and services

A gap between the observed and diagnosed mental health challenges shows that individuals suffering from mental illness may not get formally diagnosed. Sometimes this is by choice, such as to avoid stigma, but the lack of a medical diagnosis often limits access to key supports and services.

What about addictions?

According to 73% of frontline workers, up to 1 in 5 of their clients recently used drugs or alcohol to relieve stress or pain.

- About a third thought that almost all their clients smoke tobacco, and usually smoked daily.
- More than a third said that almost all their clients drank alcohol recently
 - Including about a tenth of frontline workers that thought up to 1 in 5 clients drank daily
- About a quarter said up to 1 in 5 of their clients had tried unsuccessfully to access an alcohol treatment program

Can homeless and at-risk people access healthcare?

About a quarter (23%) of frontline workers thought their clients did not have a usual source of healthcare.

Emergency rooms

Frontline workers said they had referred clients to an emergency room for:

- Mental health problems (23%)
- Physical problems other than an injury (20%)
- Injuries (19%)
- Prescription refills (17%)

Frontline workers said clients left emergency rooms before being seen because:

- The wait was too long (89%)
- They had been brought in by police but did not want to stay (42%)

Over a third of frontline workers (35%) said their clients had nowhere to go or that they stayed on the streets after being discharged from hospital.

Is healthcare really affordable for all?

Almost two-thirds of frontline workers (64%) said their clients needed prescription medication but could not obtain it, mainly due to:

- Cost (73%)
- Lack of a drug benefit card (31%)
 - Only 44% of frontline workers said their clients had a drug benefit card

Frontline workers said their clients were challenged by:

- Running out of and not refilling prescriptions when they should (46%)
- Sometimes not being able to afford to take medication (42%)

Almost a third of frontline workers (31%) said their clients needed medical supplies or equipment but could not get it. This was often because they could not afford it (76%).

What did frontline workers ask for?

Services most urgently identified by frontline workers:

- Dental care (67%)
- Detoxification clinics (43%)
- Nurse practitioners (24%)
- Eye care (22%)

Type of health resource recommended by frontline staff:

- Mobile, rotation location health resource (62%)
- Centralized hub resource (32%), in:
 - Georgina (33%, including 19% in Keswick)
 - Richmond Hill (27%)
 - Newmarket (24%)

Recommendations

Social determinants of health

- Improve quality housing affordability and availability
- Develop safe spaces to facilitate social cohesion
- Develop a collaborative Food Security Strategy for York Region to address food access and affordability
- Further develop collaborative violence prevention and response activities in York Region

Awareness and education

- Increase communication, awareness, and access to existing health-related resources
- Further research with homeless and at-risk people

Health resources and supplies

- Increase access to drug benefit plans and develop a strategy to increase access to medical supplies
- Ensure adequate availability and distribution of feminine hygiene products

Healthcare

- Strengthen relationships with local healthcare professionals to reduce stigma and discrimination
- Enhance partnerships with Central Local Health Integration Network on common priorities
- Explore partnerships with local healthcare providers to increase non-emergency healthcare access
- Build partnerships between hospitals and local community agencies to improve discharge planning
- Build partnerships with doctors who can provide formal diagnosis and treatment of mental health conditions or recommend alternative support
- Pilot rotational health services through host sites