York Region Alliance to End Homelessness – Street Health Pilot Study

Health and Access to Care of Homeless and At-Risk Individuals in York Region

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Background

Recent reports clearly document that people who are homeless or at-risk of becoming homeless have significantly poorer health and higher rates of chronic disease compared to the general population[i, ii, iii]. *The Street Health Report 2007*, a comprehensive health survey among homeless individuals in Toronto, provided an update to the 1992 *Street Health Report*. Both reports outlined a number of significant health challenges faced by homeless individuals in Toronto, directly related to their living conditions and a general lack of resources, support, and access to adequate health care [ii, iii].

Sick and Tired: The Compromised Health of Social Assistance Recipients and the Working Poor in Ontario (2009) presents that it is not only street homeless people who suffer poor health. Social assistance recipients also have "higher rates of diabetes, heart disease, chronic bronchitis, arthritis and rheumatism, mood disorders, anxiety disorders and many other conditions" than those in the general Ontario population[i].

Despite the growing number of reports illustrating the significant health impact of homelessness and poverty nationally, provincially, and urban centres like Toronto, much less data exists regarding the health of homeless people in suburban and rural areas, such as York Region. The ability to maintain good health is a recognized challenge in York Region, especially relating to individuals' ability to physically access determinants of health and health care resources[iv]. However, the specific impact on health of homeless and at-risk individuals in York Region has not been quantifiably measured in previous reports. This pilot study, based on Toronto's Street Health Survey, included a basic health assessment of homeless and at-risk individuals in York Region.

Methods

This pilot study was intended to gain a snapshot of the general, self-reported health status of homeless and at-risk people in York Region, as well as their health behaviour and access to health care resources. For example, this study investigated simple patterns of accessing primary health care, barriers to achieving or maintaining optimal health, as well as some disease prevention practice. Data was collected through personal interviews based on questions adopted from the 2006 Street Health Survey conducted in Toronto[ii]. The pilot study protocol was reviewed by the York University Ethics Sub-Committee and simple statistical analyses were conducted by the York Institute for Health Research.

Participants were recruited through identification (ID) clinics in York Region at a variety of locations across York Region, including two homeless shelter sites. The overall client population of the ID clinics includes a range of homeless and at-risk individuals who are vulnerable to losing their ID. In order to capture a broad cross-section of the target population, the study sample could include male, female, or transgender/transsexual homeless or at-risk participants ages 16 or older. All participants were provided $10 compensation for their involvement in the study.

Although 45 ID clinic clients were recruited to participate, one client chose to withdraw from the study. The total study sample included 44 participants (35 male and 9 female).

Results

Housing

The majority of participants (88.6%) reported being born in Canada (Table 1), compared to only 77% of homeless individuals in Toronto who were born in Canada. However, this may be more reflective of the recruitment methods and ID clinic client distribution than the actual demographics of York Region's homeless and at-risk population. Of those not reporting being born in Canada, 4.5% reported having temporary status, 6.8% were Canadian Citizens. Slightly more than half (56.8%) of participants said that they had stayed in their own place at least once in 30 days prior to the survey interview. Women were significantly less likely to have stayed in their own their own home in the last 30 days compared to men, χ^2 (1) = 6.08, p = .014.

Table 1: Place of Birth

York Region – Pilot Study (2009)	Toronto – Street Health Report (2007)[ii]
88.6% reported being born in Canada.	77% born in Canada (32% in Toronto, 45% outside of Toronto)

Hygiene

Hygiene, an important factor in maintaining good health, was a challenge to several participants in this study, as reflected in Table 2. When asked to name the hardest part about staying healthy without a permanent place of their own place to live, 29.7% of participants named challenges relating to hygiene.

"It's hard because you don't have freedom to take a shower when you feel like it. It's attached, when you have your own place you can have your own things."

Table 2: Hygiene Challenges

York Region – Pilot Study (2009)
25% reported sometimes or usually having difficulty getting clothes washed
13.6% reported sometimes or usually having difficulty finding a place to bathe
6.8% reported sometimes or usually having difficulty finding a place to use the washroom

Identification

Despite the research interviews being conducted at ID clinics, 13.6% of participants said that they did not currently have a health card (Table 3). Of the 29.5% of respondents who were refused health care because they did not have a health card, 92.3% (12) said this happened at a walk-in clinic, 7.7% (1) said this happened at a lab or x-ray agency, and 23.1% (3) said this happened at a family doctor.

Table 3: Identification Barriers to Health Care Access

York Region – Pilot Study (2009)	Toronto – Street Health Report (2007)[ii]
13.6% did not have a health card.	34% did not have a health card
29.5% had been refused care because of not having a health card	28% had been refused health care because they did not have a card

Overall Health

Compared to Toronto's homeless population, more participants in this study rated their own physical health as being good (41.9% in York Region compared to 29% in Toronto). Similarly, York Region participants rated their mental health slightly better overall than those in Toronto, where 37.5% in York Region said their mental health was excellent or very good, compared to 33% in Toronto.

Despite higher physical and mental health self-ratings, York Region participants (61.4%) said that their lives were quite a bit or extremely stressful significantly more than homeless individuals in Toronto (44%). A greater proportion of York Region participants (47.7%) also said they were usually in some pain or discomfort than those in Toronto (41%). (See Figure 1.) When asked an open-ended question, 27.0% of participants said dealing with the stress and mental health impact were the hardest part of staying healthy without a permanent place of their own to live. Also in York Region, 68.2% of participants said they used substances like drugs or alcohol to relieve stress or pain, or to feel better about their lives.

Those who reported being free of pain tended to experience better mental health (2.78) than those who experienced pain (3.35), $t(41) = 2.15$, $p = .04$. Those free of pain were also marginally more likely to have a regular source of health care and information, than those who experienced pain, $\chi2(1) = 3.42$, $p = .06$.

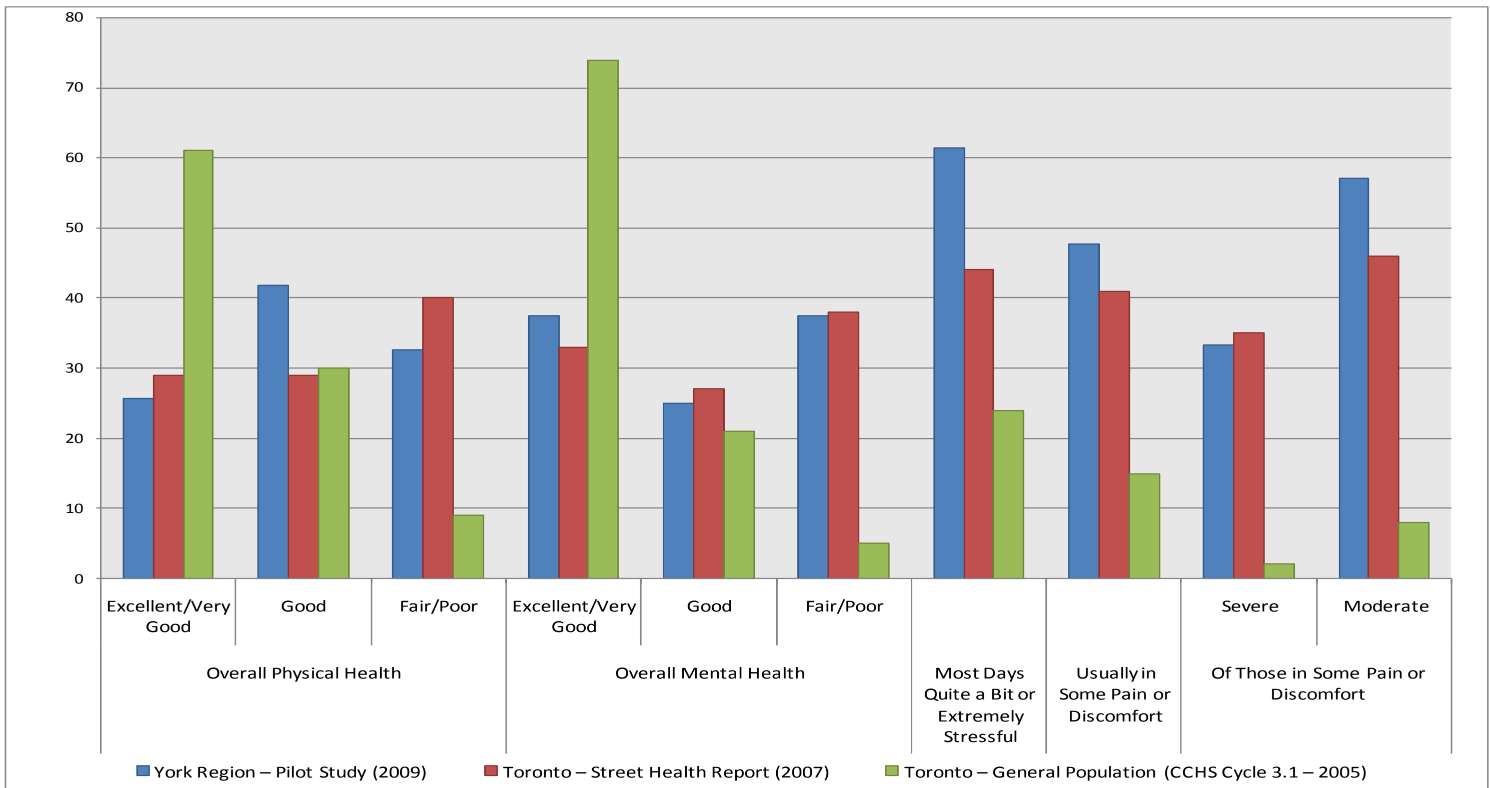

Figure 1: General Health and Well-Being

Source of Health Care

When asked about where they go for medical support, many more participants said there was more than one medical professional or place (56.8%) than those who said they had only one medical

professional or place (13.6%) that they usually go to when they are sick or need advice about health. A doctor or doctor's office was the usual source of health care for 54.5% of all participants in this study (Table 4), compared to only 29% of participants in the 2006 Street Health Survey in Toronto. Slightly less than a third (29.5%) of participants said that they had not had a physical health check up in three years or more.

Table 4: Medical Care and Resources

York Region – Pilot Study (2009)	Toronto – Street Health Report (2007)[ii]
54.5% use a doctor or doctor's office as their main source of medical information; 29.5% report that they have no regular source of health care/advice	29% said a doctor is their usual source of health care 29% said they do not have a usual source of health care
29.5% have not had a physical health check up in 3 or more years	35% said they had not had a physical check-up in more than three years
15.9% need a mobility or hearing device but do not have one. 71.4% said that they could not afford to use one	13% said they were in need of assistive devices but not using one 54% said they could not afford it

Of those who had a usual source of health care and advice, 43.2% said it was a medical professional (of which 94.7% said a doctor), and 29.5% said it was a place (46.2% said doctor's office, 46.2% said emergency room, 38.5% said a walk-in clinic). Reasons given for not having a usual source of health care are shown in Table 5.

Table 5: Reasons for Not Having a Usual Source of Care

Reason Given	Proportion
Don't go to doctors or treat myself	41.7%
No transportation	25.0%
Moved around a lot in York Region	16.7%

As seen in Table 6, the most common source of health care among participants in the year prior to this pilot study was a doctor's office (75.0%), followed by a hospital emergency room (72.7%) and a walk-in clinic (59.1%). Of those who accessed an emergency room, most frequent reasons for seeking this type of care included injury (53.1%), physical problem other than injury (46.9%), mental health (40.6%), toothache or dental problem (21.9%), and a prescription refill (18.8%).

Table 6: Health Care Received in Last 12 Months

Health Care Place	Proportion
Doctor's Office	75.0%
Hospital Emergency Room	72.7%
Walk-in Clinic	59.1%
Hospital (overnight stay)	31.8%
Doctor or Nurse in a Shelter, Bus, Drop-in, Other Program	18.2%
Community Health Centre	6.8%
Aboriginal Health Centre	0%
Alternative Health Centre (e.g. naturopath, Chinese medicine clinic)	0%

Being settled in York Region over a longer period of time appeared to be related to patterns of accessing health care. Those who had lived in York Region for 10 years or more were significantly more likely to have visited a family doctor than those who had lived in York Region a shorter amount of time, χ^2 (1) = 5.94, p = .02. They were also more likely to know where to get a flu shot compared to those who had lived in York Region for less time, χ^2 (1) = 3.77, p = .05.

Illness Prevention

As an indicator of preventive behavior, participants were asked whether or not they had had a tuberculosis (TB) test or if they could get a flu shot in the previous year. Less than half (43.2%) of participants said that they had a TB test (chest x-ray, skin test, or saliva sample) in the previous 12 months. Also, 68.2% of participants said that if they wanted to, they were able to get a flu shot in the last 12 months. Those free of pain were also more likely to be able to get a flu shot compared to those who experienced pain, χ^2 (1) = 7.83, p = .005.

Having a usual source of health care, particularly a doctor, was seen to be related to health protection and promotion behavior. Those with a usual source of health care were more likely to report having been to a doctor at least once in the previous year than those who had no regular source of care, χ^2 (1) = 4.40, p = .04. Also, those with a usual source of care/information were also more likely to have been able to get a flu shot compared to those who did not have a regular source of health advice or care, χ^2 (1) = 7.51, p = .006.

Major Qualitative Themes

The final two questions of the pilot study survey were designed as open-ended questions that allowed participants to describe anecdotally their experience with health and homelessness. Slightly less than half of participants (48.6%) identified access to fresh food as the hardest part of trying to stay healthy without a permanent place to live. Almost a third (29.7%) also identified unstable or unsafe environment as being a major barrier to health. (See Table 7.)

Table 7: Select Responses to "Can you tell me what is the hardest part of trying to stay healthy when you don't have a permanent place of your own to live?"

Food
Eating right. Well, you try to keep fruits and vegetables in your backpack, and you can't walk around with a head of lettuce, you keep road food, like greasy spoons and diners.
Eating properly. If you don't have a place to live, it's hard to eat properly because it's hard to come across healthy food, or food in general.
Unstable or Unsafe Environment
Lack of stability, sort of...how would you say, brings on a poor lifestyle, so...and in turn, the lack of support available is disappointing and also discouraging...you gotta wonder who cares.
Having your belongings, clean clothes. Sleeping in shelters, because you don't sleep really, so it's really hard with people yelling, coming and going. So being mentally fit, it's hard to function, you can't function at work. You need to get first and last.
Stress and Mental Health
Trying to deal with the stress. It's hard for me because I've never been in a shelter before. So it's hard to deal with immigration, the stress, my anxiety, my depression.
The hardest part for me is dealing with the anxiety of not having a place, not knowing if I'm going to get kicked out or when I'm going to get kicked out.

Other major themes that impacted participants' experience with health and homelessness included shelter and housing (32.0%), addictions (24.0%), financial support or resources (24.0%), and attitudes of health care professionals (20.0%). Participants shared that despite efforts to maintain and improve their health, poor health often resulted from limited access to sufficient local services and support in each of these areas (Table 8.)

Table 8: Select Responses to "Is there anything else that you would like to tell me about your health and/or homelessness that didn't come up anywhere else in the survey?"

Shelter and Housing
You need more facilities for both girls and boys. I think there's one in Barrie and Sutton and Toronto for girls, there's nowhere in between, unless you've been abused. But for teenage girls, there's no place to stay [except for a very remote shelter]. And maybe transportation help at night because there's no way to get there. And pretty much from Keswick to Sutton it's a good 3-hour walk, and if you get to Sutton and there's no beds, you're pretty much screwed.
Addictions
Well, I'm not homeless. My biggest problem is my common-law wife is a functioning addict, she drinks weekdays and uses on weekends. I've gone through treatment programs before, I had 19 weeks sobriety and then I got back with her and it went downhill from there.
Shelter called East Toronto General hospital for detox. I had to go because I was drinking every day. I had to go for treatment.
Financial Support or Resources
About my right side. I got hit on Woodbine Ave. By a hit-and-run driver and York Region Police wasn't able to find them. Victims of crimes gave me $800 for painkillers for the next 10 years, and that's all they gave me. They said that I was not entitled to Pain & Suffering because I wasn't working. I was on ODSP for my ankle, so they declined me from any Pain & Suffering from being hit by the car. I don't think that's right.
Not really. It's hard to get drugs though. Like, I got pneumonia and between Indian Affairs and ODSP, neither of them covered it. And it was $160 for one.
Attitudes of Health Care Professionals
You get judged when you go to the emergency room. When I went to Southlake I waited 9 hours before I was seen, it was busy but...and then Porter Place called to see where I was, and the doctor and nurse attitude just changed. Once they found out I was in a shelter, they pulled the curtain and forgot about me. I was in there for another 5 hours.
This has only enhanced the depression, so I'm now on antidepressants finally, for the last two months. Because I finally found my family doctor [again] to prescribe it. I went through three doctors, who were taking patients but they wouldn't take my case, until I finally found my family doctor, just by fluke.

Discussion

Due to time restrictions of this study, the methodology involved accessing homeless and at-risk clients through the ID clinics in York Region. However, this limits the data sample in that all participants were already accessing support services, and that the most vulnerable or those who choose to avoid formal services would not be captured through this study. Also due to time and resources available for data entry and statistical analysis, this pilot study needed to be scaled down from the full-size survey that informed *The Street Health Report 2007*. As a result, much less detail is known about the specific health status of homeless and at-risk people in York Region, although there is opportunity for further study in future.

Despite being a smaller study, findings throughout this report support the work of previous studies in demonstrating that poor health is directly related to homelessness and poverty. Although this investigation has been limited with the scale of a pilot study, there is significant indication of a relationship between homelessness and poorer physical and mental health, as well as significantly increased stress, pain or discomfort.

Also clear from the findings of this report, homeless and at-risk individuals in York Region, particularly those who have lived in York Region for less than 10 years are much less likely to have a doctor as a usual source of health care or advice (54.5%), compared to 93% of Central LHIN residents 18 years or older who have a family physician[v]. Participants in this study showed that having access to a primary care physician can have a significant impact on access to additional health services through referrals, access to prescription medication, and preventive screening and precautions, such as TB tests, flu shots, and complete physical examinations.

When asked generally about aspects that made it harder for homeless and at-risk individuals to maintain good health, several participants identified broader determinants of health, such as income, physical environment like shelter, proximity to services, or accessibility of healthy food, social environments, personal health practice or coping skills, as well as health service access. Several individuals said that they simply did not have the resources with which to address their own health needs. The complexity of factors that influence health of homeless and at-risk individuals require that comprehensive solutions be developed to not only address immediate health problems, but also the broader determinants.

Next Steps

Based on the results of this pilot study, it is evident that there are many homeless and at-risk individuals who are not accessing health care services, despite their poor health status. Greater collaboration between social service providers and health care providers is recommended to improve accessibility and availability of health care resources specific to individuals who are homeless or at-risk. Attention should also be directed toward improving access to treatment of existing poor health conditions and resources for prevention of illnesses.

This pilot study has provided some direct insight to some major concerns about health and access to health care among homeless and at-risk people in York Region. However, the scale of this study limited the amount of information that could be collected and analyzed in regard to more specific health status among homeless and at-risk people in York Region. As seen throughout the report, York Region faces unique challenges in many ways, despite there being some similarities to homeless populations in neighbouring communities, like Toronto. Further investigation to through a more detailed health assessment of homeless and at-risk people in York Region would be beneficial to support specific collaborative and innovative health solutions with appropriate resources and partnerships.

References

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