

Our File/N/Réf.
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DATE 15 November 1999

TO/DEST. Co-ordinator, Community Services Committee

FROM/EXP. Medical Officer of Health
Special Advisor, Social Housing

SUBJECT/OBJET **HEALTH STATUS OF THE HOMELESS
RESPONSE TO CS MOTION 6(98)**

DEPARTMENTAL RECOMMENDATION

That Community Services Committee recommend Council receive this report for information.

BACKGROUND

In early 1998, Council requested the Health Department to report on an annual basis on the Health Status of homeless residents. Because there were no routinely collected data, which permitted this kind of analysis, Health and Social Services Departments attempted to work with community partners to institute such data collection, particularly by shelters. While this system is not yet in place, it is recognized as an important element of the future service system for the homeless population.

Because of the lack of routine information, the Department contracted with the University of Ottawa, to conduct a survey of residents of shelters. It is this survey which provides the bulk of the information contained in the attached report.

Region's Homelessness Initiative

The Community Services Committee of Regional Council considered the joint Health and Social Services report "Homelessness in Ottawa-Carleton" on April 15, 1999. It revealed that although the community and governments have taken steps to deal with homelessness in the past, the problem persists and is growing in Ottawa-Carleton. This information formed the basis for the report "Creating Community Solutions: An Action Plan to Prevent and End Homelessness in Ottawa-Carleton" which was developed in consultation with the community and presented to Community Services Committee on June 17, 1999. Several recommendations in that report address the health needs of individuals who are homeless.

The Corporation's recently created Homelessness Initiatives Team, with representation from the Health and Social Services Departments and Social Housing, is working with community partners to implement the action plan's recommendations. A report on their progress will be reviewed by Community Services Committee in February, 2000. This report will take into account and attempt to address the issues raised by the current report.

FINDINGS (See Annex A for details.)

This report profiles the health of a selected population of shelter residents in Ottawa-Carleton. In this survey of 230 residents of shelters (aged 14-66), information about characteristics and health status were collected. Limiting the study to shelter residents probably underestimates the health problems in the homeless population as a whole. The study also does not capture any of the likely seasonal variation in the homeless population. The fact that the survey participants were users of shelters probably underestimates the health problems of the homeless population as a whole.

Key findings from this study include:

- Homeless individuals report poorer health status than the housed population, and are more likely to suffer from chronic conditions;
- Large proportions of homeless individuals report current mental illness;
- Over one third of homeless individuals reported sustaining a serious injury in the past year; while exact comparisons are not available, this is dramatically higher than the general population
- Higher proportions of the homeless population compared to the general population, reported daily use and drug or alcohol dependence; however, it should be stressed that, contrary to stereotypes, only a minority of the homeless have these problems.
- Large proportions of homeless individuals report being victimized by either a violent crime and/or through physical and/or sexual abuse.
- Health care utilization is much higher than in the general population but significant barriers to service are still encountered by this population.

CONCLUSIONS

The study reflects a population facing major health challenges with poor levels of general health, higher incidence of chronic conditions, and particular problems of mental illness, substance dependency, victimization and violence. These problems exist in the face of much higher than average health care utilization.

Despite a health care system built on the principle of universal access, homeless individuals continue to encounter barriers in accessing proper health care and the current system is clearly not meeting their health needs. This report supports the need to improve access and provide services which address underlying causes as well as treating immediate problems. These findings are consistent with the understanding on which the Community Action Plan was based. Steps to address these issues will be reported in the update on the community action plan to be brought forward in February 2000.

Information contained in this report provides a snapshot of the health needs of individuals who are homeless. No ongoing system to provide this vital information in an ongoing fashion is currently in place. The Homelessness Initiatives Team is currently linking with community partners about the need for an ongoing monitoring and surveillance system to document the changing health needs of this population. The status of this initiative will be included in the progress report on the community action plan to Community Services Committee in February, 2000.

Approved by
R. A. Cushman

Approved by
J. Potter

THE HEALTH OF THE HOMELESS
IN
OTTAWA-CARLETON

A Report Prepared by:

**Region of Ottawa-Carleton
Public Health Department**

November, 1999

EXECUTIVE SUMMARY

This report profiles the health of a randomly selected population of homeless individuals in Ottawa-Carleton. In this survey of 230 individuals (aged 14-66), information about characteristics of the homeless population in Ottawa-Carleton and the health status of this population are reported here. Key findings from this report include:

- homeless individuals report poorer health status than the housed population, and are more likely to suffer from chronic conditions;
- large proportions of homeless individuals report mental health illness;
- over one third of homeless individuals reported sustaining a serious injury in the past year;
- substance use and abuse is problematic with high proportions of the homeless population reporting daily use and drug or alcohol dependence; and,
- large proportions of homeless individuals report being victimized by either a violent crime and/or through physical and/or sexual abuse.

The nature of this study and the way in which participants were selected impedes generalizability, therefore, generalizing results to the larger homeless population must be done so with caution.

This report underscores the need for a surveillance system that systematically collects data and has the capacity to enumerate the homeless, measure health indicators, and quantify deaths as well as information such as age and cause of death.

INTRODUCTION

This report profiles the health of a randomly selected population of homeless individuals in Ottawa-Carleton. Although there is much anecdotal evidence about the health issues of the homeless, this report quantifies and provides an objective report on the health of this population. The lack of systematic data collection hinders the ability of the Region of Ottawa-Carleton to enumerate the homeless, systematically evaluate health, and monitor deaths among this population. This gap necessitates the reliance on opportunistic data collection methods, or on specially commissioned studies such as the one summarized here. This greatest limitation of this method of data collection is that it hinders generalizability to the wider homeless population: much more will be known if and when systematic data collection mechanisms are in place. Until such a system exists, It is necessary to interpret the results of this report with caution.

HOMELESSNESS DEFINED

The United Nations (UN) defines homelessness as being either absolute or relative. Examples of absolute homelessness include street people and people staying in shelters who have no homes. Relative homelessness includes people whose homes do not meet the UN's basic standards in terms of providing adequate protection from the elements, providing access to safe water and sanitation, providing for secure tenure and personal safety, lying within easy reach of employment, education, health care and which do not cost more than people can afford.

An April 1999 Social Services report entitled *Homelessness in Ottawa-Carleton* estimated that in terms of absolute homelessness, on average, more than 600 men, women and children are sheltered in the Region's emergency hostels on a daily basis. In 1998, more than 4,500 single persons and 375 families, with a total of 901 children, were sheltered. In terms of relative homelessness, in 1996, 75,000 households paid in excess of 30% of their income on shelter and approximately 30,000 households were estimated to be paying in excess of 50% of their income on shelter.

HEALTH DEFINED

The World Health Organization (WHO) defines health as 'a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity'. In framing health as a holistic concept, this definition considers the set of complex relationships between the physical, mental, emotional, social and spiritual aspect of our lives.

In addition to these characteristics that play out at the level of the individual, it is necessary to consider health at the societal level. This means examining the societal infrastructure and its impact on health. Basic infrastructure must be in place to ensure that resources are available for individuals to meet basic physical and emotional needs. Health problems experienced by the homeless population reflects what is known about the links between poverty, housing and health. Poor health caused by poverty predisposes some individuals to homelessness while more common, homelessness causes health problems.

SOURCES OF DATA

The diversity of those who are homeless, the many facets of homelessness and the lack of consistent data collection among service providers make it difficult to obtain a concise health profile of the homeless. With respect to health status, there are pockets of information being collected on the health needs of the homeless, mainly by those providing front-line services. Public Health Nurses (PHNs) with the Region of Ottawa-Carleton Health Department do outreach work, and provide some basic services to homeless individuals.

In addition to this opportunistic data collection, a 1998 study commissioned by the Region of Ottawa-Carleton and conducted by the University Ottawa, surveyed 230 homeless individuals (who were considered to be absolute homeless according to the UN definition). The objectives of this study were to provide information on the characteristics of the homeless population in Ottawa-Carleton; to identify the characteristics of different sub-groups of the population based on duration of homelessness; to determine the health status of persons who are homeless in Ottawa-Carleton; and to examine the experiences of persons who are homeless from a stress and coping perspective.

PROFILE OF A HOMELESS POPULATION

This section describes the general profile of the homeless population as studied by the University of Ottawa. Information about past experience with homelessness, demographic information, and sources of income are summarized.

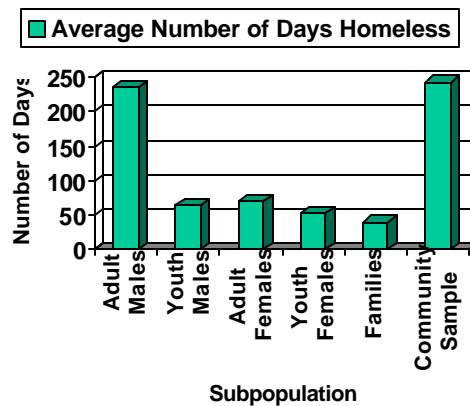
As part this study, two hundred persons were using emergency shelters at the time of the interview, and 30 persons were not using emergency shelters, and were interviewed in drop-in centres and food programmes. Participants interviewed at most emergency shelters were randomly selected by bed number. At the women's and family shelters, a convenience sample was used to interview those persons who expressed interest in participating. For the 30 persons who did not use emergency shelters, a convenience sample of interested participants was used. Therefore, for those groups not using a random sampling procedure (particularly in the family shelter), limited generalizability of findings is possible.

In the sample from emergency shelters, 52 respondents were adult males (interviewed at Salvation Army, Union Mission and Shepherds of Good Hope), 45 respondents were adult females (interviewed at Cornerstone), 45 were youth males (interviewed at Salvation Army), 36 were youth females (interviewed at Youth Service Bureau Young Women's Shelter), and 22 were adult residents of family shelters (interviewed at Forward and Carling Family Shelters). In total, there were 111 females and 119 males that participated in the study. Details about the study population are summarized in Appendix A. For the purpose of analysis, and the remainder of the report, participants from the community sample were distributed into groups (adult male, adult female, youth male, and youth female) according to their age and gender.

History of Homelessness

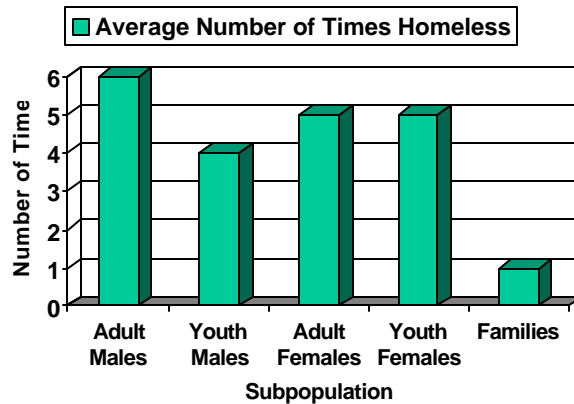
In examining a history of homelessness, it was found that the average length of time homeless varied according to characteristics such as age and sex. Figures One and Two demonstrate that adult males, and members from the community sample reported being homeless for the longest amount of time (between 235 and 243 days) and reported the greatest number of times being homeless (Appendix B).

Figure One: Average Number of Days Homeless Homeless Study Population



Source of Data: Describing the Homeless Population in Ottawa-Carleton, 1998
University of Ottawa & Region of Ottawa-Carleton

Figure Two: Average Number of Times Homeless Homeless Study Population



Source of Data: Describing the Homeless Population in Ottawa-Carleton, 1998
University of Ottawa & Region of Ottawa-Carleton

The circumstances under which individuals became homeless was also investigated, and study participants reported such circumstances as: eviction, abuse/intrusiveness from landlord, fire/unsafe premises, moving to the city, parental abuse (sexual or other), transient lifestyle, kicked out by parent or friend, relationship problems, expense, or release from corrections.

Demographic Information

Additional demographic information about this population is summarized in Appendix C. Most of the sample are Canadian citizens, with a substantial proportion of individuals having been born in Canada. Information about education showed that a majority of this population had not completed high school, and among youths, under 20% were enrolled in school.

Sources of Income

When surveyed about sources of income (Appendix D) most participants cited social assistance or occasional employment income as their source of income. Strikingly, over a third of young females reported that they had no income, and many individuals reported that they use their income to support others.

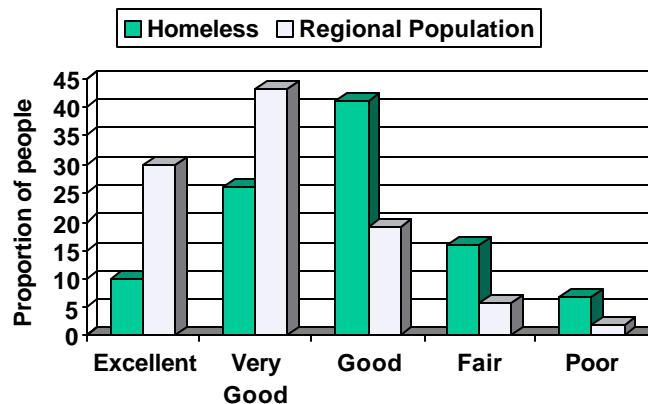
HEALTH STATUS OF A HOMELESS POPULATION

In describing the health status of persons who are homeless in Ottawa-Carleton information on self-rated health, physical health, mental health, substance abuse, and use of health and social services was collected. In addition to profiling the health of the homeless population, where available, the 1996 National Population Health Survey (NPHS) was used to compare the health status of persons who are homeless with housed persons. The NPHS is a panel study collecting information on the health status of 18,000 housed Canadians conducted on a longitudinal basis every 2 years. Any comparisons of the homeless to the housed population using the NPHS must be interpreted with caution. The two data sets are not means comparable in terms of sampling methodology. The presentation is made here strictly for illustration only.

Self-rated Health

When asked to rate their health status, the 23% of the homeless population rated their health as 'fair' or 'poor' (Figure Three). In comparison to the housed population (using the NPHS) it was found that only 8% of individuals reported their health to be 'fair' or 'poor'. Similarly, a smaller proportion of homeless individuals rated their health somewhere along the continuum of good to excellent.

Figure Three: Self-perceived General Health Homeless Study Population VS Regional Population

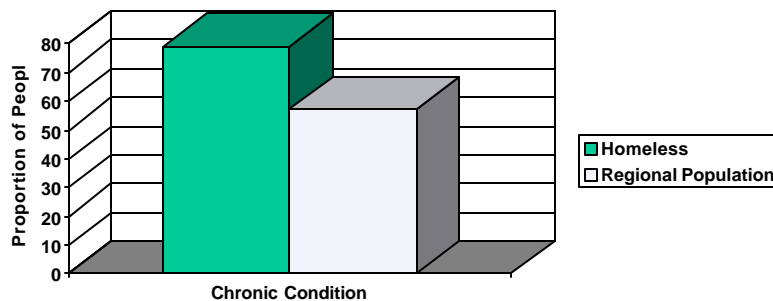


Sources of Data: Describing the Homeless Population in Ottawa-Carleton, 1998
University of Ottawa & Region of Ottawa-Carleton
National Population Health Survey, Statistics Canada, 1996

Chronic Health Conditions

When queried about chronic health conditions such as: food allergies, other allergies, asthma, arthritis, high blood pressure, chronic bronchitis or emphysema, sinusitis, epilepsy, heart disease, cancer, stomach or intestinal ulcers, urinary incontinence and diabetes, 79% of the homeless population reported suffering from at least one of these conditions. The most common conditions reported by these individuals were other allergies (31%) and asthma (25%), and as much as 50% of this population reported suffering from two to five of the chronic conditions listed above. Chronic conditions such as heart disease and cancer were not prevalent in the population, but the low rates are likely a function of age distribution in the homeless population: the sample studied was comprised mainly of people under the age of 60.

Figure Four: Proportion of Population Reporting a Chronic Condition: Homeless Study Population VS Regional Population



Sources of Data: Describing the Homeless Population in Ottawa-Carleton, 1998
University of Ottawa & Region of Ottawa-Carleton
National Population Health Survey, Statistics Canada, 1996

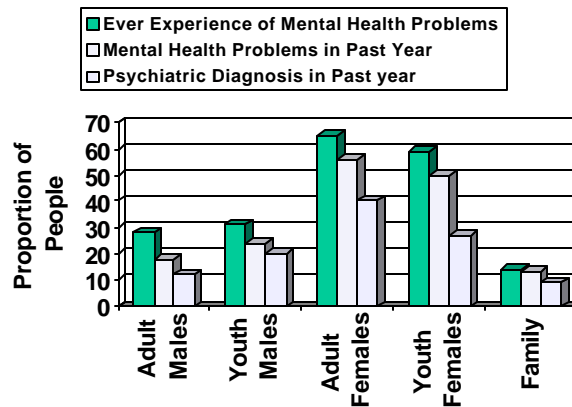
Note: Chronic conditions as defined in NPHS and may include: food allergies, other allergies, asthma, arthritis, high blood pressure, chronic bronchitis or emphysema, sinusitis, epilepsy, heart disease, cancer, stomach or intestinal ulcers, urinary incontinence, diabetes.

Figure Four compares the homeless and housed population (NPHS) in terms of the proportion reporting a chronic condition. Only 57% of the housed population of the same age group reported a chronic condition.

Mental Health

Figure Five summarizes information on the mental health of the homeless population by subgroups. More females reported ever having mental health problems (65% of adults and 59% of youth) than males. The same was true for those who had experienced mental health problems in the past year and for those who had been given a psychiatric diagnosis in the past year. The most common kind of mental health problem experienced among males and females was affective disorders (which include depression). Other self-reported diagnoses included substance abuse disorders, schizophrenia, attention deficit hyperactivity disorder, self-injurious behaviour and anti-social behaviour.

**Figure Five: Mental Health Problems
Homeless Study Population**



Source of Data: Describing the Homeless Population in Ottawa-Carleton, 1998
University of Ottawa & Region of Ottawa-Carleton

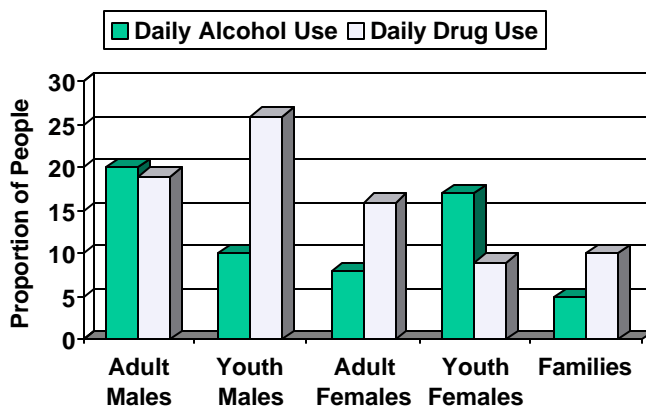
Injuries

Approximately 35% of homeless individuals reported sustaining a serious injury in the past year while exact comparisons are not available, this is much higher than the general population. When asked how the injury occurred, over one third reported that it was due to a physical assault and one third reported that their injury was due to an accidental fall. Ten per cent of individuals who had a serious injury in the past year reported that it was due to a suicide attempt.

Substance Abuse

All individuals were asked to report on frequency of alcohol and drug use. A greater proportion of adult males and young females reported daily use of alcohol (20% and 17% respectively) while adult males and young males (19% and 26% respectively) reported daily use of drugs (Figure Six). While these rates are higher than in the general population, contrary to stereotypes daily use and problems resulting from use occur in a minority of this population.

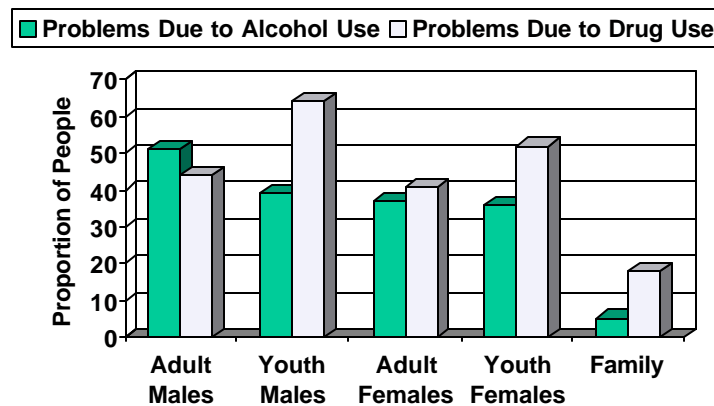
**Figure Six: Daily Alcohol and Drug Use
Homeless Study Population**



Source of Data: Describing the Homeless Population in Ottawa-Carleton, 1998
University of Ottawa & Region of Ottawa-Carleton

Over and above frequency of use, participants were asked a series of questions that answered together, determined drug and alcohol dependence and interference with daily functioning. As demonstrated in Figure Seven, one third to one half of individuals (excluding the family group) were found to have problems due to alcohol use. Similarly, 41% to 64% of individuals were found to have problems due to drug use.

**Figure Seven: Problems with Substance Use
Homeless Study Population**

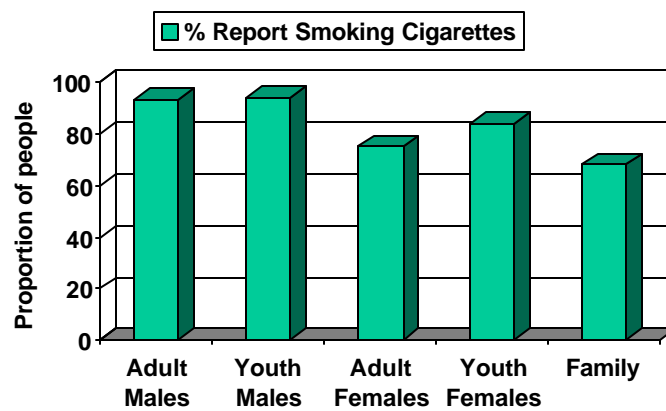


Problems due to alcohol and drug use was assessed using a series of screening questions.

Source of Data: Describing the Homeless Population in Ottawa-Carleton, 1998
University of Ottawa & Region of Ottawa-Carleton

Figure Eight summarizes information about the prevalence of smoking among the homeless population. The prevalence of smoking was very high, with well over 75% of the population reporting use of cigarettes; prevalence was highest among the male population.

Figure Eight: Prevalence of Daily Tobacco Homeless Study Population

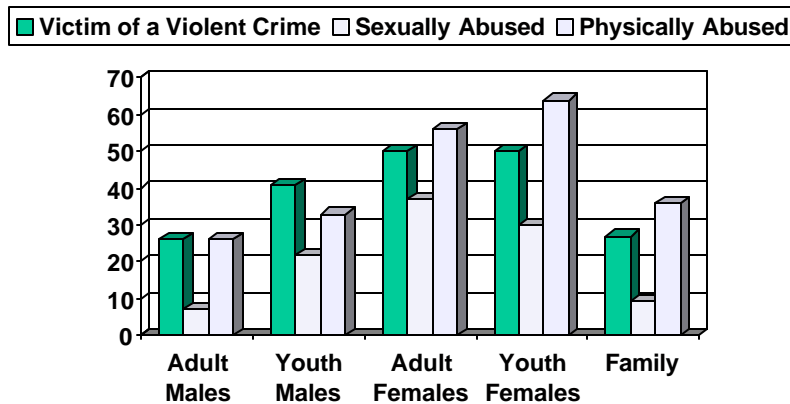


Source of Data: Describing the Homeless Population in Ottawa-Carleton, 1998
University of Ottawa & Region of Ottawa-Carleton

History of Victimization

Figure Nine shows the history of victimization of the homeless population. Females were more likely than males to report being victims of a violent crime (50% of adult and youth females), and were more likely to report being victims of sexual and physical abuse at some time or another.

**Figure Nine: History of Victimization
Homeless Study Population**



Source of Data: Describing the Homeless Population in Ottawa-Carleton, 1998
University of Ottawa & Region of Ottawa-Carleton

HEALTH CARE UTILIZATION

Encouragingly, 82% of the group reported that they had a health card, and 68% reported that they had visited a general practitioner in the past year. A greater proportion of females reported that they had visited a general practitioner in the past year (approximately 80%). Fifty-two per cent of young males reported that they had not visited a general practitioner in the past year.

Over one third of participants (35%) reported that they had been an overnight patient in a hospital in the past 12 months, and 40% of those reporting an overnight hospital stay had a stay for one week or longer. Compared to the housed population (NPHS), only 6% reported being an overnight patient in a hospital.

DEATHS AMONG THE HOMELESS POPULATION

Attempts to quantify deaths among the homeless population has been difficult. Similarly, it is difficult to compare the death rates of the homeless with that of the housed population in absence of an enumeration of the homeless population. An inquiry with the Regional Coroner's office in the Fall of 1998 revealed that classifying deaths according to address (homeless being "no fixed address") is not an option. Thus, any information on the death of homeless individuals is opportunistic at best.

Data collected by Region of Ottawa-Carleton PHNs, in conjunction with the Street Health Coalition, have found 47 deaths among homeless individuals since May of 1998. The individuals included in this tally were people who died in shelters, on the street, or were known to the shelters and drop in centres. Health professionals working with the homeless have tried to collect information on age at death, and causes of death, but the system is still in its infancy and detailed information is still too scanty to report. This is a new information collection system which is just starting to collect this important data. Data quality will improve over time.

Appendix A
Information about Homeless Individuals
as Sampled by University of Ottawa

	Adult Male	Adult Female	Youth Male	Youth Female	Adults in Family Shelter	Community Sample
Number Surveyed	52	45	45	36	22	30
Age Range	20-66	19-60	16-19	14-20	17-41	16-49
Method of Sampling	Random	Non-Random	Random	Non-Random	Non-Random	Non-Random
Use of Shelter at time of Interview?	Yes	Yes	Yes	Yes	Yes	No

Appendix B History of Homelessness

	Adult Male	Adult Female	Youth Male	Youth Female	Adults in Family Shelter	Community Sample
Length of Time Homeless at Time of Survey:						
Average Number of Days	235	71	65	54	40	243
Maximum	6 years	2 years	2 years	3 years	less than 1 year	6 years
Number of Times Homeless at Time of Survey:						
Average Number of Times	6	5	4	5	1	
Maximum	Up to 30 times	Up to 20 times	Up to 15 times	Up to 16 times	Up to 3 times	

Appendix C Additional Demographic Information

	Adult Male	Adult Female	Youth Male	Youth Female	Adults in Family Shelter
Citizenship and Immigration:					
Canadian Citizens	92%	94%	94%	89%	91%
Born in Canada	94%	85%	84%	82%	68%
Education:					
Less than High School Education Completed	63%	43%	90% (8% currently enrolled)	88% (14% currently enrolled)	42%
Post-Secondary Education	10%	23%	0%	0%	19%

Appendix D
Sources of Income* for Homeless Population

	Adult Male	Adult Female	Youth Male	Youth Female	Adults in Family Shelter
Social Assistance	74%	33%	57%	45%	100%
CPP	8%	0%	0%	0%	0%
Money from Family	7%	9%	22%	2%	9%
No Income	8%	4%	4%	36%	0%
Occasional Employment income	13%	17%	24%	12%	9%
Uses Income to Support Others	16%	17%	17%	11%	95%

* Note: Respondents could report more than one source of income.