Chapter 2.2

The Health of Toronto's Homeless Population

THE STREET HEALTH REPORT, 2007

Homelessness is a devastating social problem in Toronto. In 2002, about 32,000 different people slept in one of the city's homeless shelters (City of Toronto, 2003). In 2006, about 6,500 individuals stayed in a shelter on any given night (Shapcott, 2006). In 1998, the City of Toronto endorsed a declaration acknowledging that homelessness is a national disaster.

Homeless people have much poorer health and higher mortality rates than the general population, and often experience difficulties obtaining the health care and social services they need. They are also largely excluded from broad-based government health and census surveys, which often depend on people having an address or telephone number. Even when these surveys reach homeless people, they do not address the unique circumstances of this group.

In 1992, Street Health, a community-based health agency serving homeless people in Toronto, decided to conduct its own study to explore the health status of homeless people and their ability to access the health care system (Ambrosio et al., 1992). It was the first report of its kind in North America and continues to be used today.

When the 1992 Street Health Report was published, Toronto was emerging from an economic downturn. Political and business leaders promised that economic good times would bring rewards for everyone.

The Street Health Report, 2007, The Health of Toronto's Homeless Population. In: Hulchanski, J. David; Campsie, Philippa; Chau, Shirley; Hwang, Stephen; Paradis, Emily (eds.) *Finding Home: Policy Options for Addressing Homelessness in Canada* (e-book), Chapter 2.2. Toronto: Cities Centre, University of Toronto. www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

However, by 2007 the research wing of one of Canada's largest banks was reporting that social inequity and poverty were on the rise in the city (TD Economics, 2007). During the 1990s, the richest 10 percent of Torontonians saw their family income increase by about 8 percent while the poorest 10 percent had a drop of almost the same amount. Between 2001 and 2005, the bottom 20 percent of Canadian families saw an outright decline in their income (Shapcott, 2007).

In the years since the 1992 Street Health Report was published, homelessness and housing insecurity have increased in Toronto. The nightly count of people sleeping in homeless shelters has more than tripled. This increase reflects funding and program cuts at the federal and provincial levels, coupled with the downloading of responsibility for social programs to the province and city. Social assistance rates were cut and have not been fully restored, rents have risen, and very little social housing has been built. At the same time, new health issues have emerged in the homeless community. Street Health decided it was time to conduct another comprehensive study to fill a gap in current knowledge about the health status of homeless people in Toronto, find out how the health of homeless people had changed in 15 years, and create new evidence on which to ground our advocacy efforts and those of other community groups.

The 2007 Street Health Survey

The second Street Health Survey was conducted between November 2006 and February 2007. We surveyed a random sample of 368 homeless adults at meal programs and shelters across downtown Toronto about their health and access to health care. Homelessness was defined as: having stayed in a shelter, outdoors or in a public space, or with a friend or relative for 10 or more days in the 30 days prior to being surveyed. Of those interviewed, 73 percent identified as male, 26 percent as female, and 1 percent as transgender/transsexual. The average age of people interviewed was 42 years, and participants ranged in age from 19 to 66 years. More than three-quarters (77 percent) were between the ages of 25 and 49; 3 percent were under 24 and 20 percent were over 50.

Of the sample, 63 percent identified solely as Caucasian; 37 percent as non-Caucasian. Aboriginal people made up a much higher percentage

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

of our sample (15 percent) compared with the percentage they represent in the general population of Toronto (about 0.5 percent in the 2001 Census). Thirty-two percent were born in Toronto and an additional 45 percent were born in Canada outside of Toronto. Immigrants were underrepresented in our sample (23 percent) compared to the general population of Toronto, where 49 percent were born outside the country (Statistics Canada, 2005).[1] Of those who were not born in Canada, 53 percent had Canadian citizenship, 36 percent were landed immigrants, 5 percent had refugee status and 5 percent had temporary or no status.

Seventy-two percent of our sample had lived in Toronto for 10 years or longer. The people interviewed in our study had lived in Toronto for a long time. They were typically not newcomers to the city who had just arrived and were getting settled. Only 15 percent had lived in Toronto less than five years.

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 survey participants, homelessness was not, on average, a short-term crisis. People in our survey had been homeless an average of 4.7 years. The length of time that participants in our survey had been homeless throughout their lives ranged from two weeks to 50 years. Seventy-eight percent had been homeless for one year or longer and 34 percent had been homeless for five years or longer.

---

[1] Our main source of information on the general population is the Canadian Community Health Survey (CCHS) Cycle 3.1, Public Use Microdata File (Statistics Canada, 2005), 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.

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Main reasons respondents gave for becoming homeless	%
Economic reasons (cost of rent, low income, unemployment)	52%
Unsafe or poor living conditions	31%
Eviction or conflict with landlord	25%
Respondent's own drug or alcohol use	23%
Relationship or family breakdown	20%
Institutionalization (went to hospital, substance treatment program, jail)	13%
Neighbourhood was inappropriate or too isolated	3%
Lack of support to keep housing	2%

Survey participants were also asked the two main reasons preventing them from finding and maintaining housing right now:

Main reasons respondents gave for remaining homeless	%
Economic reasons (cost of rent, low income, unemployment)	78%
Mental and physical health conditions	33%
Lack of suitable housing (unsafe or poor living conditions, bad landlords)	24%
Waiting list too long	11%
Lack of adequate support to find and keep housing	10%
Discrimination (against welfare recipients, people with criminal records)	7%
Lack of person identification	6%

Our findings are consistent with other studies, which have also found that poverty is the leading cause of homelessness in Canada. Poverty is a concern for many Canadians, and 49 percent of the population feel they are always just one or two paycheques away from being poor (Canadian Centre for Policy Alternatives, 2006). Official estimates from 2001 suggest that 1.7 million Canadian households were at risk of homelessness (Engeland, 2004).

Key changes to social policies in recent years have a direct connection to some of the most common reasons that people became homeless:

- *A Shortage of Social Housing:* From the 1960s until 1993, roughly 20,000 units of social housing were built each year with the help of government funding, most of which came from the federal government. In 1993 the federal government withdrew its funding of social

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

housing, and in 1995 the province of Ontario did the same. As a result, throughout most of the 1990s, very little affordable, supportive housing was built.

- *Cuts to Social Assistance:* Throughout the 1990s, the federal government made major cuts in social program funding for the provinces. In real dollars, Ontario welfare benefits are now roughly half what they were in 1995 and disability benefits are roughly 22 percent less (Task Force on Modernizing Income Security, 2006). It has been estimated that the 21.6 percent cut to social welfare benefits in Ontario pushed 67,000 families out of their rental housing (Falvo, 2003).
- *Easing of Rent Controls:* Since 1998, the City of Toronto has lost 85 percent of its one-bedroom apartments renting at or below $700 a month (City of Toronto, Shelter, Support & Housing Administration, 2006). Rents have gone up at a faster rate than incomes. In the late 1990s to early 2000s, rent increases averaged 5 percent higher than wages. While average rents in Toronto grew by 30 percent between 1997 and 2002, from $751 to $976, real wages (adjusted for inflation) decreased for those earning minimum wage (City of Toronto, 2003).
- *Decreased Tenant Protections:* New laws were introduced in Ontario in the 1990s that decreased tenant protection and made eviction easier. The Ontario Rental Housing Tribunal received over 30,000 eviction applications by landlords to terminate tenancies in 2005; of these 86 percent were because of rental arrears (City of Toronto, Shelter, Support & Housing Administration, 2006). It is likely that many of the people in our survey were evicted because they couldn't afford the rent.

Many of the reasons homeless people in our survey gave for why they are unable to find or maintain housing point to the lack of adequate help to find housing and the lack of subsidized and supportive housing options that are available: 47 percent said they were not currently getting help to find housing and 44 percent were on the waiting list for social housing.

As of December 31, 2006, there were 67,083 households in Toronto on the waiting list for social housing (Housing Connections, 2006). The length of time on the social housing waiting list for survey respondents ranged from 1 day to 20 years. Fifty-two percent have been on the social

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

housing wait list for six months or less. This large portion of people who have been on the wait list a very short time is probably a reflection of stepped-up efforts by the City of Toronto's housing workers, as well as its new plan to address homelessness, which requires every homeless person they work with to apply for social housing. Among the 48 percent who have been on the wait list for longer than 6 months, the average wait time was 4.6 years.

Income, Benefits, and Money Management

The homeless people we surveyed report extremely low incomes: 36 percent live on $200 a month or less. Formal employment was a source of income for 20 percent of survey respondents: 11 percent did casual or piece work; 5 percent did part-time work; and 4 percent did full-time work.

Informal work includes panhandling, sex work, selling scrap metal or bottles and other street-involved work: 19 percent of respondents cited income from informal employment. Panhandling was the most common type, cited as a source of income by 9 percent of survey respondents. However, it is likely that informal work was underreported because many forms are illegal or stigmatized.

In terms of access to government income supports, 52 percent received no major government benefits, 27 percent received support through Ontario Works (OW)[2], 16 percent through Ontario Disability Support Program (ODSP),[3] and 5 percent received other government benefits such as government pensions, federal disability benefits, unemployment insurance, and workers' compensation benefits.

Although 74 percent of the people we surveyed have at least one serious physical health condition, only 22 percent of those with serious illnesses are getting either ODSP or federal disability benefits. Thirty-

2 In Ontario, government welfare benefits are obtained through the Ontario Works (OW) program. OW benefits are for people who need money because they are unable to find work or are temporarily unable to work.

3 The Ontario Disability Support Program (ODSP) is the provincial government program that offers long-term disability benefits to people with serious disabilities who have little or no other way to support themselves. The basic rate for a single person on Ontario Works is approximately $548 per month. For ODSP, the rate is $979.

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

eight percent of all respondents felt that they were eligible for ODSP, but were not receiving it, for various reasons: 50 percent had not applied; 19 percent had their application rejected; 17 percent could not complete the application process; and 12 percent had applications still in process.

What we heard about ODSP is consistent with a separate study conducted by Street Health, which specifically examined the barriers homeless people face when attempting to secure disability benefits (Street Health, 2006). The study found that homeless people with disabilities cannot navigate the overall ODSP application process without help, due to its complexity. Certain disabilities such as mental illness, developmental disabilities and learning disabilities make this system even more difficult to navigate. In the study, participants were provided with intensive, one-on-one support with all aspects of the ODSP application process and their related income, housing and legal needs. As a result, 93 percent of participants secured ODSP benefits and 100 percent of those were then able to get housing.

Many survey respondents cited smaller streams of government benefits that provide important, but inadequate, supplemental support. Only 11 percent of respondents said they received the GST credit, despite the fact that the vast majority live on extremely low incomes and should therefore be eligible. This poor access to the GST credit is likely because of the barriers inherent in a tax return-based benefit, such as not having the resources to file your income tax.[4]

Thirty-four percent of respondents said they received Personal Needs Allowance (PNA) benefits. PNA is a stipend given to people staying in shelters to help meet incidental needs other than those provided for by shelters and was worth $3.90 a day at the time of the survey, or $109 to $120 a month. People cannot receive other social assistance benefits at the same time that they are receiving PNA.

Most homeless people do not use bank services. Requiring multiple forms of personal identification to open a bank account is a significant barrier for people who are homeless. Therefore, 60 percent of those in

4 The amount of the GST credit is based on factors such as net income and number of children. A single adult earning $400 per month could expect to receive approximately $60, four times a year, in GST credits.

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

our survey used cheque-cashing services. These services typically charge fees of $2.50 per cheque, plus an additional 3 percent of the total cheque amount. This means, on a welfare cheque of $548, the service takes about $19. Because these companies do not provide savings accounts, individuals have no choice but to receive the entire value of their cheque in cash. This makes money management difficult and leaves people at risk of being robbed.

The Daily Lives of Homeless People

> It's hard to want to stay healthy when you have to walk round the streets in the cold, rain, snow, broke. It's part of life. It's something I live with. (Survey Respondent)

Almost all (96 percent) of the homeless people in our survey reported using shelters at least once in the past year. Of those who use shelters, 55 percent said that they had been unable to get a shelter bed at least once in the past year, on average 20 times, and of those, 74 percent said that this had happened at least once in winter months.

Places respondents stayed overnight in the past month	%
Shelter	88%
Outside (e.g. parks, streets, bus stops)	32%
Friend's or relative's place	26%
Hotel, motel, rooming or boarding house	10%
Hospital or treatment program	8%
Car or abandoned building	7%
Place of business (e.g. coffee shop, laundromat)	6%
Jail	4%

Shelters in Toronto range from approximately 25 to 750 beds. While many are doing their best with limited resources, a typical Toronto shelter is still a crowded place full of bunk beds, with a shared washroom for dozens of people, and few food choices. Some shelters have maximum lengths of stay, forcing people to be constantly on the move. Some require people to leave early in the morning, leaving people with no place to rest during the day.

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Out of the Cold programs are meal and shelter services run by faith-based groups and community centres across Toronto during the winter (mid November to mid April). These programs are generally volunteer-run and often operate only one day a week. The shelter that these programs provide is sometimes just a mat and a blanket on the floor of a church basement. Out of the Cold Programs provide accommodation for approximately 200 people per night.

During the time that this study was conducted, three shelters in the downtown core closed. In addition to providing a place to sleep, shelters are also an important source of food. Fewer shelter beds also mean fewer meals for homeless people.

Some homeless people avoid the shelter system altogether. We asked people who had not stayed in a shelter in the last 10 days why they chose not to.

Common reasons respondents gave for avoiding shelters	%
Bed bugs	34%
Crowded conditions	31%
Fear of getting sick	23%
Fear of violence	20%
Fear of theft	15%

Bed bugs have become a common problem for homeless people in Toronto. Bed bugs hide in cracks and crevices in beds, flooring and walls. Their bites can cause clusters of small but extremely itchy red bumps. Although bed bugs are not known to transmit infectious diseases, they cause physical discomfort and emotional distress (Hwang et al., 2005).

Sleep

> You can't go to sleep because you don't know what's going to happen from minute to minute. So you just keep staying up and staying up and staying up. And I noticed that physically – I had clumps of hair coming out … and memory loss. I don't know if it's just exhaustion or nerves. But that's how it's affected me. (Survey Respondent)

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Survey respondents reported low levels of sleep. Forty-six percent got an average of six hours or less per night. The most common problem was too much noise or light. Other reasons included being woken up by others, crowded conditions, the cold, bed bugs, and unclean conditions. Others cited nightmares, bad nerves, pain, and other physical health problems as reasons they could not get enough sleep.

Lack of sleep can have many important impacts on physical health, psychological well-being, and energy levels. More than half of respondents (54 percent) said that in the past month, they had been so tired that they did not have the energy to walk one block or do light physical work. Sleep disturbances also contribute to the development, or increase the severity, of various medial and psychiatric conditions, including heart attacks and depression (Zee & Turek, 2006).

Hygiene

When survey respondents were asked about some essential daily hygiene activities, 32 percent said they sometimes or usually had difficulty finding a place to use the washroom; 25 percent said they sometimes or usually had difficulty finding a place to bathe; and 41 percent said they sometimes or usually had difficulty getting their clothes washed.

Hygiene is an important part of overall health and is particularly important for some health issues. Getting rid of bed bugs requires exposing them to very high or very low temperatures. People are usually advised to put their clothes and bedding in the dryer at a high temperature if they have a bed bug problem. Almost half of the people we interviewed would have difficulty following this advice.

Hunger and Nutrition

> I don't eat at all, some days. Sometimes the food is not available, you know, especially on the weekends – it's hard. A lot of places ain't open as frequently as they are through the week. So, I just do whatever I can. I see the health bus, I get vitamins. (Survey Respondent)

Sixty-nine percent of homeless people in our survey had experienced hunger at least one day per week in the past three months because they could not get enough food to eat.

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Homeless people rely heavily on meal programs, because they do not have places to store or cook food, and 96 percent of respondents said that they regularly used meal programs at a shelter, drop-in, or other organization. Even so, homeless people are clearly not getting their food needs met by these programs: 58 percent reported that in the past three months they had still been hungry after going to a meal program.

Not including Out of the Cold Programs (which operate only in the winter months), there are approximately 80 programs in Toronto that provide meals to homeless people outside of the shelter system. Of these programs, about two-thirds provide only a single meal a day, and more than three-quarters are closed on Saturday or Sunday. An analysis of the meals served in a sub-sample of 18 of these programs found that the average energy content of meals served was half of what a healthy adult would require for minimal physical activity during the day (Tarasuk, 2007.)

Many homeless people in our survey had special dietary needs, mainly for health reasons. Of the 33 percent of respondents who said they were supposed to be following a special diet, 53 percent said they were able to follow it less than once a week. Through the Ontario government's Special Diet Supplement, people receiving social assistance are eligible for additional income (up to a maximum of $250) if they can provide evidence that they have a medical condition that requires a special diet, but 70 percent of respondents who were supposed to follow a special diet were not receiving the Special Diet Supplement, for various reasons.

Common reasons respondents gave for not receiving Special Diet supplement	**%**
had not applied (because they did not know about it, did not know how to apply, or could not navigate the application)	55%
had been cut off from the supplement due to changing eligibility criteria	14%
had not been able to get the form filled out by a health care provider	10%
had applied, but had been turned down	9%
could not get the supplement because they were not receiving social assistance	9%

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

In 2006, new regulations by the provincial government made access to the Special Diet Supplement even more difficult, and reduced the amount that many people were already receiving. Everyone receiving the supplement was required to re-submit their applications on new, more restrictive eligibility forms. Additional diet income is now tied directly to specific medical conditions and, in some cases, to how sick you are as a result of the condition. For example, if you have diabetes, you are eligible to receive an additional $42, while the amount someone receives if they HIV/AIDS varies between $75 and $240; depending on how much weight they have lost.

Of the 9 percent of respondents who were getting the Special Diet Supplement at the time of the interview, more than half reported that the amount they receive had been reduced in the 12 months prior to the survey, by an average amount of $147.

Social Isolation

Social exclusion has a major negative impact on health, increasing one's risk of disability, illness, and addiction (Marmot & Wilkinson, 2003). Homeless people in our survey experience low levels of social support and high levels of social isolation: 37 percent said they had no one to help them in an emotional crisis and 38 percent said that they often feel very lonely or remote from other people.

Poverty creates social exclusion because it denies people access to decent housing, education, and other factors that are important to full and equal participation in society. Discrimination, hostility, unemployment, and stigmatization also contribute to social exclusion and are part of the daily reality of the homeless people we interviewed.

Injury and Violence

Without their own private or safe spaces to go and stay, many homeless people are forced to live much of their lives in public, putting them at greater risk for injuries and accidents. Almost one in ten (9 percent) of survey respondents had been hit by a car, truck, public transit vehicle, or bicycle in the past year. Rates of physical violence are also very high. Thirty-five percent of homeless people in our survey had been physically

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

assaulted in the past year. Of those, 68 percent were assaulted more than once, on average six times. This is much higher than among the general population of Toronto, where less than 1 percent reported a physical assault to the police in 2005 (Toronto Police Service, 2006).

Who respondents reported being assaulted by the past year	%
Stranger	56%
Acquaintance	38%
Police	35%
Another shelter resident	27%
Partner or spouse	21%
Shelter staff	6%

Three-quarters of respondents in our survey who had been assaulted by police said they did not lodge a formal complaint. The main reasons cited were related to fear of repercussions (46 percent), and feeling that it would not accomplish anything (46 percent).

Respondents were also asked if they had been sexually assaulted or raped in the past year, defined in our survey as unwanted touching and/or sexual intercourse. Of the entire group, 7 percent said they had been sexually assaulted in the past year, but this statistic was higher for women, 21 percent of whom had been sexually assaulted in the past year. Even though these rates are extremely high, it is likely that sexual assault was under-reported in our survey, due to the personal nature of the issue and the stigma that surrounds it.

General Health & Well Being

It is widely recognized that homeless people have much poorer health than the general population. Other studies have found that people living in poverty are more likely to die from certain diseases, including cancer, diabetes and respiratory diseases, and particularly cardiovascular disease (Raphael, 2002). Our findings on health and well-being speak overwhelmingly to the overall poor physical and mental health of homeless people.

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

When asked to think about the amount of stress in their lives, 44 percent of respondents said that most days were quite a bit or extremely stressful. In comparison, 24% of people in Toronto reported the same (Statistics Canada, 2005). Stress has an important impact on health and well-being. High levels of stress can contribute to conditions such as high blood pressure, heart disease and stomach or intestinal ulcers. Chronic stress over long periods of time compromises the immune system, making people more susceptible to a range of other health conditions.

Self-rated health and mental health: Homeless people in our survey compared with the general population

		Street Health Survey	General population
Physical health	Very good or excellent*	29%	61%
	Good	29%	30%
	Fair or poor*	40%	9%
Mental health	Very good or excellent*	33%	74%
	Good*	27%	21%
	Fair or poor*	38%	5%

**statistically significant difference*
Source of information on general population: Statistics Canada. Canadian Community Health Survey (CCHS) Cycle 3.1 (2005). Public Use Microdata File.

Pain

Regular experiences of pain were common among homeless people. Forty-one percent of respondents said that they were usually in some pain or discomfort. Fourteen percent of all respondents said that this pain is severe. These high levels of pain and discomfort suggest that many people may have disabilities and medical conditions that are not acknowledged, diagnosed, or treated. Experiences of pain can also lead to low energy levels, which in turn limit people's ability to care for themselves and participate economically and socially in the community. Pain also affects one's ability to sleep. Almost one third (30 percent) of respondents said that they found it hard to sleep because of pain or discomfort.

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Physical Health Conditions

Of the homeless people we interviewed, 74 percent had at least one serious physical health condition,[5] and 52 percent had two or more. We also found that for people without any serious health conditions, the average time homeless was 3.7 years, whereas the average length of time homeless for people with at least one serious health condition was 5.1 years. The significant difference between these two averages suggests that being homeless for a longer period increases one's likelihood of serious illness.

The homeless population carries a disproportionate burden of many serious health conditions compared to the general population. In the areas for which we have comparable data (Statistics Canada, 2005), our results show that homeless people are:

- 20 times as likely to have epilepsy as members of the general population;
- 5 times as likely to have heart disease;
- 4 times as likely to have cancer;
- 3½ times as likely to have asthma;
- 3 times as likely to have arthritis or rheumatism;
- twice as likely to have diabetes.

Moreover, we would expect many of these conditions to be more common among older adults, yet the average age of survey respondents was 42, and the oldest person interviewed was 66.

5 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.

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Chronic or ongoing physical health condition	Street Health Survey	General Population
Arthritis or rheumatism*	43%	14%**
Allergies other than food allergies*	33%	24%**
Migraines*	30%	11%**
Liver disease*	26%	10%*** in Canada
Hepatitis C*	23%	0.8%† in Canada
Problem walking, lost limb, other physical handicap	23%	n.a.
Asthma*	21%	6%**
Heart disease*	20%	4%**
High blood pressure*	17%	13%**
Chronic obstructive pulmonary disease	17%	1%**
Stomach or intestinal ulcers	15%	2%**
Skin disease (e.g. eczema, psoriasis)	13%	n.a.
Angina*	12%	2%†† in Ontario
Anemia	11%	n.a.
Diabetes	9%	4%**
Heart attack in lifetime	7%	2%†† in Ontario
Inactive or latent tuberculosis	7%	n.a.
Epilepsy*	6%	0.3%††† in Canada
Fetal alcohol spectrum disorder	5%	1%
Stroke in lifetime	4%	n.a.
Hepatitis B*	4%	0.7-0.9%‡ in Canada
Cancer*	4%	1%**
Congestive heart failure*	3%	1%†† in Ontario
HIV positive*	2%	.006%‡‡
AIDS	1.1%	n.a.

Unless otherwise noted, comparisons are to the general population of Toronto.
** Statistically significant.*
** Source: Statistics Canada, 2001.
*** Source: Canadian Liver Foundation, 2006.
† Source: Public Health Agency of Canada, 2003.
†† Source: Chow et al., 2005.
††† Source: Statistics Canada, 2005.
‡ Source: Public Health Agency of Canada, 2007.
‡‡ Estimated prevalence of 15,300 in Toronto. Source: Remis et al., 2006.

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Emergent Health Issues

There are several health conditions that have emerged as important health issues among the homeless population in recent years.

Tuberculosis (TB) is a contagious disease that had almost disappeared in Canada, but that has re-emerged in recent years. TB bacteria commonly attack the lungs but can infect other parts of the body. People can have active or inactive TB. Inactive TB means that you have the TB bacteria in your body but it is not making you sick. Inactive TB can become active TB if the immune system is somehow damaged. TB is a major cause of death for people who also have HIV. Seven percent of the people we surveyed said they had inactive TB. It is likely that the reported rate of inactive TB among homeless people in our sample is an underestimation, as many respondents may not know they have it.

While the majority of active TB cases in Toronto are among people who have travelled or lived in areas where TB is common, one-third of recent cases were among homeless and underhoused people living in shelters or rooming houses (Toronto Public Health, 2007). Crowded conditions in these living situations put this population at high risk for infection. Although TB is preventable and curable, and despite recent scaled up efforts by Toronto Public Health, it is still not easy for homeless people to get tested for TB or to access treatment.

Hepatitis C is a viral infection that attacks the liver and is transmitted through blood to blood contact. While 23 percent of our survey sample reported having Hepatitis C, it is likely that this number is even higher. Hepatitis C progresses slowly and most infected people do not experience symptoms for many years. The Ontario Ministry of Health estimates that one-third of people living with Hepatitis C do not realize they are infected. Despite a high need among this group, homeless people experience major barriers to accessing treatment or even acquiring basic information about the disease. Without education, many people are transmitting the disease unwittingly.

Hepatitis C can be effectively treated, but the treatment is difficult and requires stability and support. Treatment requires following a strict schedule of medication and monitoring by a physician for at least six months. The side effects can be debilitating, and include depression, hair

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

loss, flu-like symptoms, and nausea. Many health care providers are unwilling or unable to provide the extensive support that homeless people need to successfully undergo treatment. Without treatment, Hepatitis C can cause liver disease, including cirrhosis and cancer. Without adequate shelter, and nutritious food, homeless people are even more susceptible to some of these negative outcomes. Further, it is estimated that in Ontario, 25 percent of people with HIV also have Hepatitis C (Public Health Agency of Canada, 2001). HIV and Hepatitis C co-infection is problematic, because each disease makes the other worse and it is hard to treat both simultaneously.

HIV/AIDS has disproportionately affected homeless people relative to the general population. The prevalence of HIV is over 300 times higher among homeless people than in the general population in Toronto. It is possible that this condition was under-reported by survey respondents, due to the stigma attached to the disease and because some respondents may not know their HIV status. Homeless people with HIV are at extremely high risk for many other medical conditions. In addition to having a compromised immune system due to HIV, homeless people tend to have their immune systems even further weakened by the harshness of their daily lives, which includes fatigue, poor nutrition and high levels of stress. In addition, homeless people are regularly exposed to countless communicable diseases and infections in crowded spaces such as shelters.

The Impact of Living Conditions on Homeless People's Health

In addition to poverty, stress and social isolation, key aspects of homeless people's unique living situation that affect their health are:

- *Food:* Homeless people lack control over the food they eat, and lack access to healthy food, which may contribute to, or make worse, conditions such as diabetes and stomach ulcers.
- *Violence and Injury:* Homeless people are more likely to be injured or assaulted, which often includes head injuries. Head injuries can lead to seizures. Violence also has a broad range of negative physical and psychological effects.

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

- *Density and Crowding:* Crowded conditions in shelters put homeless people at risk for infectious diseases like the flu and TB, as well as problems like lice, scabies and bed bugs.
- *Exposure to the Elements:* Homeless people are also far more exposed to the urban environment and the elements than the average person. Many homeless people spend a major part of the day outside, exposing them to damp, cold, extreme heat and pollution. This prolonged exposure may put homeless people at higher risk for arthritis, pneumonia, allergies and asthma. Foot problems among homeless people are common because so many homeless people spend a large part of their day walking or standing, and because homeless people often have to spend the day with cold and wet feet.
- *Heat:* Climate change is starting to have a dramatic impact on homeless and poorly housed people. In 2005, Toronto's Medical Officer of Health reported that more Torontonians are dying prematurely of heat-related causes in the summer than of cold-related causes in the winter (McKeown, 2006). Homeless and poorly-housed people, who have very few options to escape the heat, are among those at greatest risk for heat-related illness. The number of smog and extreme heat days reached an all-time high in 2005. Rising temperatures due to climate change threaten to make this problem even worse.

Mental Health

Mental "illness" does not cause homelessness; poverty does. A 1998 Toronto study that examined the societal and personal factors that precipitate homelessness concluded that mental illness cannot be seen as a primary pathway to homelessness (Tolomiczenko & Goering, 1998). Their report argues that broader systemic factors need to be taken into account and uses an analogy of "musical chairs." As chairs (that is, jobs and affordable housing) become scarce, it is not surprising to find people with mental and physical health problems among those without a chair.

> You get a sense of despair; your self worth goes to hell.
> (Survey Respondent)

Suicidal thoughts were significantly more frequent among the respondents in our survey than among the general population in Toronto,

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

where 7 percent reported having suicidal thoughts in their lifetime (Statistics Canada, 2004). The high levels of depression, anxiety and suicidal ideation in our sample reflects the harsh reality of homeless people's daily lives, and the lack of hope that many homeless people feel.

Respondents were asked if they had ever been given a diagnosis for a mental health problem by a doctor or psychiatrist. Thirty-five percent of our sample has received such a diagnosis. The table below shows the prevalence of the most common mental health diagnoses in our sample, compared with that of the general population in Canada.

	Street Health Survey	General population**
Depression*	17 %	8 %
Anxiety*	11 %	1 %
Bipolar*	8 %	1 %
Schizophrenia*	5 %	1 %
Post-traumatic stress disorder	5 %	n/a

** significant difference*
** Source: Health Canada, 2002.

Not reflected in these numbers is the reality that many people with mental illness are initially misdiagnosed and that determining a diagnosis and a treatment plan is often an ongoing process, negotiated between specialists and clients. Many homeless people, because they do not have stable health care, are unable to go through this process and often live with misdiagnoses and inappropriate treatments.

Mental health problems affect people of all income levels. It is estimated that one in five Canadians will experience mental illness during his or her lifetime (Health Canada, 2002). Mental health problems do not directly cause homelessness. People with mental health issues 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. Many people experience mental health problems, or have existing problems become worse, only after they become homeless.

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

While for some people, mental health issues may be one of the factors that contribute to becoming homeless, it is likely just one of many. Although many survey participants experience mental health issues, very few (5 percent) cited mental health issues as the reason they lost housing or the reason they were unable to find or maintain housing. Addiction issues came up as a more prominent reason for losing or not being able to get housing (cited by 23 percent for both questions).

Our study did not explore the prevalence of concurrent disorders, the term used when people have a combined mental health and substance use problem. However, other studies estimate that 30 percent of people diagnosed with a mental health disorder also have a substance use disorder at some point in their lives (CAMH, 2006). Having a concurrent disorder can make it even more difficult to access treatment. Many mental health services refuse treatment to a person with an active drug or alcohol addiction and some addictions services will not treat people for substance use problems until their mental health problem is treated.

Learning Disabilities

Learning disabilities are disorders that affect the acquisition, organization, retention, understanding, or use of verbal or nonverbal information. These are lifelong disorders that can affect self-esteem, work, and relationships. Difficulties faced by adults with learning disabilities may include finding or keeping a job, time management, budgeting and managing money.

Homeless people report significantly higher rates of learning disability. Sixteen percent (16%) of our sample said they had been diagnosed with a learning disability, compared to only 2% of the general population in Toronto (Statistics Canada, 2005).

Substance Use

Many homeless people smoke cigarettes: 87 percent of respondents said they currently smoke cigarettes, compared to 18 percent of the general population of Toronto (Statistics Canada, 2005).

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

The proportion of homeless people who had consumed alcohol in the last year (77 percent) is almost identical to that of the general population of Toronto, 70 percent of whom reported using alcohol at least once in the past year (Statistics Canada, 2005). Differences in patterns of alcohol use between homeless people in our sample and the general population occur mainly in the percentage of heavy drinkers. Seventy-two percent of people in our survey who reported drinking alcohol, reported heavy drinking (five or more drinks on one occasion) at least once in the past year, compared to 44 percent of the general population (Statistics Canada, 2005). Of those who said they had consumed alcohol in the past year, 55 percent reported heavy drinking, more than once a month in the past year. In the general population of Toronto, 22 percent reported the same (Statistics Canada, 2005).

Our survey also found that 7 percent had consumed non-beverage alcohol in the past year and four people said that they do this almost daily. Non-beverage alcohol is alcohol in a form that is not meant to be consumed and includes things like mouthwash, hand sanitizer, cooking wine, and rubbing alcohol. Homeless people may drink non-beverage alcohol because it is less expensive and easily available. Some types of non-beverage alcohol (like methanol, found in anti-freeze) are extremely toxic and can cause blindness or death. Dangerous toxic health effects also result from the mix of other chemicals present in these products.

> I've been looking for counselling and I haven't been able to find any. I lost my kid in the past year. My coping mechanism … I'm embarrassed to say it … but I've turned to street drugs. … Marijuana is illegal but it seems to ease my depression, which makes me eat. If it helps, it helps.
> (Survey Respondent)

Of the people we surveyed, 59 percent use at least one illicit drug regularly (three or more times a week), other than marijuana. Twelve percent use marijuana only and 28 percent said they had not used any illicit drugs regularly in the past year.

Nearly half of our total sample reported regular crack use. This is very high compared to the crack use rate of 1 percent reported by the general Toronto population (City of Toronto, 2005). Crack use presents many serious health risks, including Hepatitis, HIV, and respiratory

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

problems. There is also intense stigma surrounding crack use and few treatment or support options are available. More than 1 in 10 of our total sample, or 23 percent of those who had used any drugs regularly, reported having injected drugs in the past year. Sharing contaminated needles makes injection drug use one of the leading causes of HIV, hepatitis and other blood-borne infections.

Drugs used regularly by respondents in the past year	%
Crack	49%
Marijuana	48%
Cocaine	30%
Opiates/analgesics (other than Oxycontin)	16%
Sedatives, hypnotics or tranquilizers (other than downers)	16%
Oxycontin	15%
Morphine	10%
Heroin	7%
Hallucinogens	7%
Methamphetamines (crystal meth, uppers, speed)	4%
Downers	6%
Methadone	5%
Amphetamines (Benzedrine, Ritalin)	4%
Solvents and other inhalants	2%

People of all income levels use drugs for a variety of individual and systemic reasons. Drugs are often used to help people to cope with illness, trauma, stress or pain, and to relieve isolation and boredom. This is probably the case for many of the people we interviewed, 73 percent of whom said that they had used alcohol or drugs in the past year to relieve stress or pain or to feel better about their life. It is likely that many people in our survey are "self-medicating" themselves to relieve symptoms of problems for which they cannot get medical treatment, and using illegal drugs because they are easier to obtain than prescription medications.

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Access to Health Care

Homeless people often experience difficulties obtaining the health care they need. One in ten reported not using any health care services at all in the year before the survey. Also, 59 percent do not have a family doctor, compared to only 9 percent of Toronto population (Statistics Canada, 2005). Hospital emergency departments were the most frequently used source of health care for homeless people in our survey and many had been hospitalized in the past year.

Sources of health care used by respondents in the past year

	%	Aver. # of times
Emergency Department	54%	5
Doctor's office	44%	12
Services at shelters, drop-ins, health bus	42%	15
Community Health Centre	31%	11
Walk-in Clinic	29%	4
Hospitalization (at least one night)	24%	2
Hospital Outpatient Clinic	13%	9
Aboriginal health centre	6%	7
Alternative health centre	1%	10

Community health centres are a model of health care designed to promote access to health for people facing barriers to care, and address a wide range of health-related needs. This makes them well-suited to provide health services to homeless people, but barriers still exist, such as the lack of walk-in services and community health programs that do not focus on the specific needs of homeless people. Only 16 percent of those in our survey cited community health centres as one of their usual sources of care.

Outreach-based services are designed to address the barriers of the mainstream health care system. In 1989, there were perhaps four or five street nurses, but today there are more than a hundred street nurses working across Canada (Crowe, 2007). Street nursing services are delivered outside mainstream health care settings, in places where homeless

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

people spend time and where they feel comfortable. Some shelters and meal programs also offer on-site nursing care during set times each week. Some health agencies operate mobile health vans or buses that drive around the city offering care at specific spots and along the way. Outreach workers and nurses take knapsacks and walk around parks, beneath bridges and in ravines, to reach people who might not otherwise be able to access health care on their own.

While many homeless people rely on these services for health care, they are not intended to provide comprehensive care or to replace the mainstream health care system. The increase of this type of health services is a reflection of increasing homelessness and homeless people's poor access to the mainstream health care system.

Almost one-third (29 percent) of homeless people in our survey said that they did not have a usual source of health care. They gave us the following reasons for this situation.

Reasons given by those respondents with no usual source of health care	%
Seldom or never get sick	42%
Don't use doctors or treat self	24%
Don't have a health card	19%
Move around a lot within Toronto	15%
Negative past experience	12%
Recently moved to Toronto	11%
Don't know where to find care	10%

Many respondents cited not needing health care as a main reason for not having a stable health care provider. This is surprising and unlikely, considering that three-quarters of respondents have at least one serious physical health condition. This suggests that some homeless people have a lower sense of entitlement and lower expectations about their health and their right to access care. This is also related to homeless people's difficult living situations, where they often have to prioritize more immediate needs such as shelter, and do not have the luxury of addressing preventive health care.

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Barriers to Health Care and Social Services

Multiple barriers affect homeless people's access to various types of health care, including hospitals, primary health care, eye doctors and dentists. Many of these barriers relate specifically to homeless people's poverty and the difficulty of life without a permanent home. Economic barriers include not having money to get to medical appointments or to pay for prescriptions. Other barriers include not having a telephone or stable address and needing to prioritize survival needs such as food and shelter.

Health care providers remain a critical access point for a multitude of health and social benefits. Forty-one percent of survey respondents said they had needed a health care provider to fill out a form in order to obtain health or social benefits in the past year. But 59 percent of our sample doesn't have a regular family doctor to sign their forms. Some doctors also charge a fee for getting forms signed, which presents an additional barrier. The burdensome and complicated process of having to get medical forms filled out in order to receive social assistance has been cited as a major barrier that prevents homeless people from receiving Ontario Disability Support Program benefits, in a separate study conducted by Street Health (Street Health, 2006).

Ontario Health Cards

Twenty-eight percent of all respondents had been refused health care in the past year because they did not have an Ontario Health Card, and 34 percent did not have such a card. Of those without health cards, only 7 percent (9) said they were not eligible for one. The other reasons for not having a card were: 66 percent had either lost it or had it stolen; 14 percent were waiting for a card they had applied for; and 4 percent said their health card had expired.

Several respondents said that they had lost their identification as a result of being arrested, going to jail or because the police had taken it from them and had not returned it. Having identification taken by police or losing track of it while in the prison system was also noted in a 2006 Toronto study on homelessness and the criminal justice system (Novac et al., 2006).

The Street Health Report, 2007
2.2 The Health of Toronto's Homeless Population

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Beyond health cards, other forms of identification are essential for accessing a wide range of social services and resources. Among our survey respondents, 50 percent did not have a Social Insurance Number[6] card and 29 percent did not have identification that provides proof of citizenship, such as a birth certificate, citizenship card, record of landing and passport. While not having a health card can prevent people from accessing health care, lack of a Social Insurance Number can stop people from accessing income support, training, housing, and from getting a job. Citizenship documents are particularly important, because they enable people to apply for all other pieces of identification.

People in our sample cited many essential services that they were not able to access due to lack of identification documents.

What respondents could not get due to lack of identification	%
Ontario Works (welfare) benefits	18%
Employment	14%
Food bank	12%
Housing	11%
Training/education	6%
Ontario Disability Support Program benefits	4%

Discrimination in Health Care

> Once they see that you're homeless, their attitude goes from caring to "get out of here." (Survey Respondent)

Forty percent of those we interviewed said that they had been judged unfairly or treated with disrespect by a doctor or medical staff at least once the past year.

Discrimination and poor treatment indicate that, at best, many homeless people are not having their health problems taken seriously or investigated adequately. At worst, it means that they may not be having their health problems treated at all. Discrimination and negative experi-

6 A Social Insurance Number is required to work in Canada and to receive government benefits.

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

ences are real and serious barriers to health care, and prevent many homeless people from getting much-needed care.

Reasons respondents felt they experienced discrimination by health care providers	%
Homelessness	66%
Respondent's use of alcohol or drugs	53%
Perception that respondent was drug-seeking	47%
Gender	14%
Race or ethnic background	13%
Ability to speak English	7%
Sexual orientation	5%

> I was helping my friend and he was dirty and did not look good, so [hospital] security gave us a hard time and told us to go away.
> (Survey Respondent)

Negative experiences with hospital security were also commonly reported by people in our survey, with twenty-one percent of respondents having had at least one such experience:

- 12 percent had been denied access or told to go away;
- 12 percent had been threatened or verbally assaulted;
- 8 percent had been physically removed;
- 5 percent had been physically assaulted.

These hospital security findings are even more startling and significant when we consider that homeless people use hospitals and emergency departments at very high rates.

Conclusion

Overall, homeless people in Toronto have much poorer health than the general population. Homeless people in our study carry an alarmingly high burden of many serious physical and mental health conditions. The most important factors impacting the health of homeless people are the result of social policy decisions that have been made by our governments in the past 15 years, particularly the cuts to social assistance and the lack of investment in new affordable social housing. Some of the key cuts over the years are outlined below:

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

- 1993: The federal government cancelled all funding for new affordable housing.
- 1995: The Ontario government cancelled its funding for new affordable housing, and 17,000 homes already approved for development.
- 1996: The federal government downloaded responsibility for affordable housing to the provinces and territories, and began a steady decline in federal housing spending.
- 1998: The Ontario government downloaded responsibility for affordable housing to municipalities.

Starved of funding and programs by the provincial and federal governments, and forced to take on the responsibility for affordable housing, the City of Toronto has a poor record of developing much-needed affordable housing. In the past decade, Toronto has completed only about 1,500 new affordable homes. In 23 of the city's 44 municipal wards, not a single new affordable home has been completed (Wellesley Institute, 2006).

There is an urgent need to take action to:

- Address the poverty and inequality that underlies homelessness;
- Improve access to affordable and appropriate housing;
- Improve immediate living conditions for homeless people;
- Improve access to health care and support for homeless people.

Although adequate incomes and housing are the core solutions to improving homeless people's health and health care access, homeless people need good access to quality health care now. Proper access to good primary and mental health care, dental and vision care, as well as prescription drugs, prevent illnesses from becoming more serious and costly to the health care system. There is an immediate need to address barriers in the health care system for homeless people, and to assist homeless people in navigating the complex systems that deliver health and related services.

This chapter is drawn from The Street Health Report 2007, *published in Toronto, September 2007, and prepared by* ***Erika Khandor*** *(Research & Evaluation Coordinator, Street Health) and* ***Kate Mason*** *(Street Health Survey Coordinator, Street Health). The research team also included* ***Laura Cowan*** *(Executive Director, Street Health) and* ***Dr. Stephen Hwang*** *(Research Scien-*

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

tist, Centre for Research on Inner City Health, St. Michael's Hospital). To read the full report, go to www.streethealth.ca.

References

Ambrosio, E., Baker, D., Crowe, C., & Hardill, K. (1992). *The Street Health report.* Toronto: Street Health.

Canadian Centre for Policy Alternatives (2006). *Growing gap, growing concerns: Canadian attitudes towards income inequality*. Ottawa: Author.

Canadian Liver Foundation. (2006). More Canadians being diagnosed with hepatitis. Media release, March 23. Toronto: Canadian Liver Foundation.

Centre for Addiction and Mental Health. (2006). What are concurrent disorders? Available at: www.camh.net/About_Addiction_Mental_Health/Concurrent_Disorders/Concurrent_Disorders_Information_Guide/what_are_cd_infoguide.html

Chow, C.M., Donovan, L., Manuel, D., Johansen H., Tu, J.V. (2005). Regional Variation in self-reported heart disease prevalence in Canada. *Canadian Journal of Cardiology* 21(14), 1265-71.

City of Toronto (2003). *The Toronto report card on homelessness and housing*. Toronto: Author.

City of Toronto (2005). *The Toronto Drug Strategy, appendix E: Substance use in Toronto: Issues, impacts & interventions*. Toronto: Toronto Drug Strategy Advisory Committee.

City of Toronto, Shelter, Support & Housing Administration (2006). *Quick facts*. Toronto.

Crowe, C. (2007). *Dying for a home*. Toronto: Between the Lines.

Engeland, J. (2004, December 14). *Excluded from acceptable housing: What does it mean to be in core housing need?* (PRI Conference Presentation). Ottawa: Canadian Mortgage and Housing Corporation.

Falvo, N. (2003). *Gimme shelter!: Homelessness and Canada's social housing crisis*. Toronto: Centre for Social Justice.

Force on Modernizing Income Security for Working-Age Adults (2006). *Time for a Fair Deal*. Toronto: St. Christopher House, Toronto City Summit Alliance.

Health Canada. (2002). *A Report on Mental Illness in Canada*. Ottawa: Health Canada.

Housing Connections (2006). *Annual report*. Toronto: Housing Connections.

Hwang, S. W., Svoboda, T. J., De Jong, I. J., Kabasele, K. J., & Gogosis, E. (2005). Bed bug infestations in an urban environment. *Emerging Infectious Diseases*, 11(4), 533-538.

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Marmot, M., & Wilkinson, R. (Eds.). (2003). *Social determinants of health: The solid facts* (2nd ed.). Copenhagen: World Health Organization.

McKeown, D. (2006, February 13). *Hot weather response plan update* (Toronto Staff Report to Board of Health). Toronto: City of Toronto.

Novac, S., Hermer, J., & Paradis, E. (2006). *Justice and injustice: Homelessness, crime, victimization, and the criminal justice system*. Toronto: Centre for Urban and Community Studies, University of Toronto.

Public Health Agency of Canada (2001). *Final report: Estimating the number of persons co-infected with Hepatitis C Virus and Human Immunodeficiency Virus in Canada.* Ottawa: Public Health Agency of Canada.

Public Health Agency of Canada. (2003). Canadian Data on the trends of HCV. Ottawa: PHAC. Available at: http://www.phacaspc.gc.ca/hcai-iamss/bbp-pts/hepatitis/hep_c_e.html.

Public Health Agency of Canada. (2007). About FASD: Frequently Asked Questions. Ottawa: PHAC. Available at: www. phac-aspc.gc.ca/fasd-etcaf/faq_e. htm l#6.

Raphael D. (2002). *Social justice is good for our hearts: Why societal factors – not lifestyles – are major causes of heart disease in Canada and elsewhere*. Toronto: CSJ Foundation for Research and Education.

Remis, R.S., Swantee, C., Schiedel, L., Merid, M.F., Liu, J. (2006). *Report on HIV/AIDS in Ontario 2004.* Ontario: Ministry of Health and Long-term Care.

Shapcott, M. (2006). *TO's "sheltered" homeless: Up or down?* Toronto: Wellesley Institute.

Shapcott, M. (2007). *Housing action: Municipal budget*. Toronto: Wellesley Institute.

Statistics Canada. (2001). *Canadian Community Health Survey*, 2000/01. Table (105-0004).

Statistics Canada. (2004). *Canadian Community Health Survey, Mental Health and Well-Being, 2002*. Available at: http:// www.statcan.ca/english/freepub/82-617-XIE/htm/5110066.htm

Statistics Canada. (2005). *Canadian Community Health Survey*, Cycle 3.1. Ottawa: Statistics Canada.

Street Health (2006). *Failing the homeless: Barriers to the Ontario Disability Support Program for homeless people with disabilities.* Toronto: Street Health.

Tarasuk, V. (2007). *Filling Their Bellies: Community Initiatives to Feed the Homeless*. Toronto: University of Toronto, Centre for Urban Health Initiatives. Presentation, May 2, University College.

TD Economics (2007). *An update to TD Economics' 2002 Report on the Greater Toronto Area Economy*. Toronto: TD Bank Financial Group.

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Tolomiczenko, G., Goering, P. (1998). Pathways into homelessness: Broadening the perspective. *Psychiatry Rounds* 2(8). Toronto: Centre for Addiction and Mental Health.

Toronto Police Service (2006). *2005 Annual statistical report*. Toronto: Author.

Toronto Public Health (2007). *Communicable diseases in Toronto 2005*. Toronto: City of Toronto.

Wellesley Institute. (2006). *The Blueprint to End Homelessness in Toronto*. Toronto: Wellesley Institute.

Zee, P., & Turek, F. (2006). Sleep and health: Everywhere and in both directions. *Archives of Internal Medicine*, 166, 1686-1688.

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6