TORONTO

REPORT FOR ACTION

Deaths of People Experiencing Homelessness: 2017 Review

Date: April 11, 2018
To: Board of Health
From: Medical Officer of Health
Wards: All

SUMMARY

Prior to 2017, the official monitoring of deaths among people experiencing homelessness was limited to registered City-run shelter residents. To gain a better understanding of this issue, Toronto Public Health (TPH) developed a system to capture the deaths of people experiencing homelessness both inside and outside the City shelter system.

Data collection began on January 1, 2017, and between January 1 and December 31, the deaths of 100 people experiencing homelessness were reported to TPH. Most deaths occurred indoors, the majority of these deaths were male, and the median age of death was 48 years. The leading known causes of death were drug overdose, cardiovascular disease, and cancer.

This report is in response to the Board of Health's direction to report back with year-end results for 2017. It provides a summary of the key findings as well as influences and risk factors related to deaths among people experiencing homelessness.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health direct the Medical Officer of Health to work with the CEOs of the five Toronto Local Health Integration Networks to determine the feasibility and coordination of information sharing between Toronto Public Health and Toronto hospitals on deaths of persons experiencing homelessness while in hospital care.

2. The Board of Health direct the Medical Officer of Health to routinely provide updated homeless death data to the Chief Planner and Executive Director of City Planning, the General Manager of Shelter, Support and Housing Administration and the Director of

the Affordable Housing Office, to inform current housing and shelter programming and planning initiatives, as well as the development of new strategies including the 10-year Housing Opportunities Toronto Action Plan (2020-2030).

3. The Board of Health forward this report to the CEOs of the five Toronto Local Health Integration Networks, the Population Health Solutions Lab, Ontario's Minister of Health and Long-Term Care, Ontario Chief Medical Officer of Health, Chief Coroner for Ontario, the Council of Medical Officers of Health and the Association of Local Public Health Agencies

FINANCIAL IMPACT

There are no financial impacts associated with this report.

DECISION HISTORY

At its March 31, 2016 meeting, City Council adopted a Member's Motion without amendments, directing the City Manager to instruct the appropriate City staff to collect all relevant data related to the deaths of homeless individuals for occurrences within and outside homeless shelters.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.MM17.9

At its October 30, 2017 meeting, the Board of Health received a presentation, entitled, the Deaths of Homeless People in Toronto Progress Update, and adopted a motion directing the Medical Officer of Health to provide additional year-end results for the deaths of homeless people and to provide a more comprehensive picture of this issue before March 31, 2018.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.HL22.1

COMMENTS

Prior to 2017, capturing the deaths of people experiencing homelessness was limited to registered City-run shelter residents. To provide a better understanding of this issue, TPH developed a system to collect data related to the deaths of people experiencing homelessness both inside and outside the City shelter system.

Community agencies, networks and persons/professionals serving people experiencing homelessness were involved in the design of the system, including the selection of questions, to ensure the most relevant and useful data were collected. Agency staff were enlisted to act as 'sentinels' to report the death of a client, including information such as the individual's age at the time of death, their gender, where the death occurred any known health issues or illness, and the cause of death, if known.

This data collection system captures people who are completely unsheltered and living on the streets, those using temporary accommodation such as the shelter system, and

those whose current economic and/or housing situation is precarious and does not meet safety and/or public health standards.

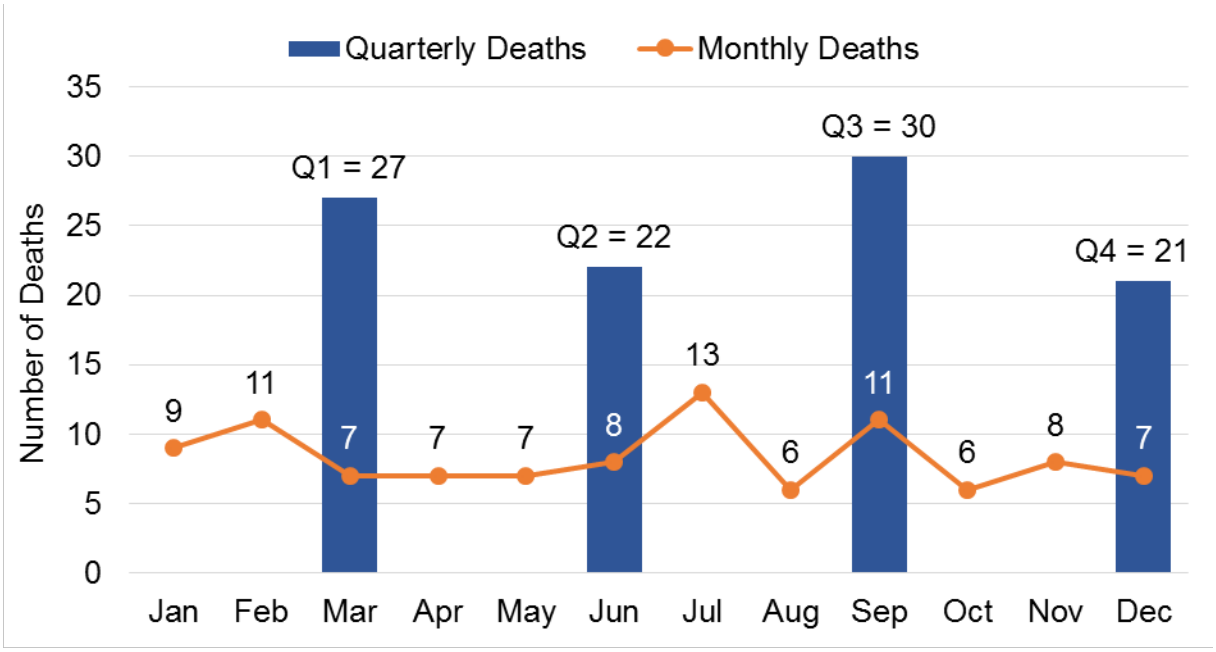
The secure online survey went live on January 1, 2017, and over 200 community agencies and networks serving people experiencing homelessness were recruited to participate. Since people experiencing homelessness often lack identification and have anonymous interactions with the system, the breadth of community agencies involved increases the chances that deaths will be captured. Every attempt is made to validate the data collected, via follow-up with reporting agencies and the Office of the Chief Coroner of Ontario to confirm cause of death and additional details. The Coroner investigates deaths that appear to be from unnatural causes or natural deaths that occur suddenly or unexpectedly. For cases that were investigated by the Coroner, reported deaths were reviewed and cross-referenced to verify information and eliminate duplicate cases.

Findings from the data collection system are reported quarterly and are available on the TPH website at: https://www.toronto.ca/community-people/health-wellness-care/health-inspections-monitoring/monitoring-deaths-of-homeless-people/.

Results

Between January 1 and December 31, 2017, the deaths of 100 people experiencing homelessness were reported to TPH. This corresponds to an average of 1.9 deaths per week. Of particular interest is the number of deaths in February, July, and September, where 11 deaths were reported in February and September, and 13 were reported in July. There are no epidemiological findings to suggest a monthly or seasonal pattern. TPH will continue to monitor in 2018 to determine any emerging trend.

Figure 1. Deaths of People Experiencing Homelessness over Time, Toronto, 2017

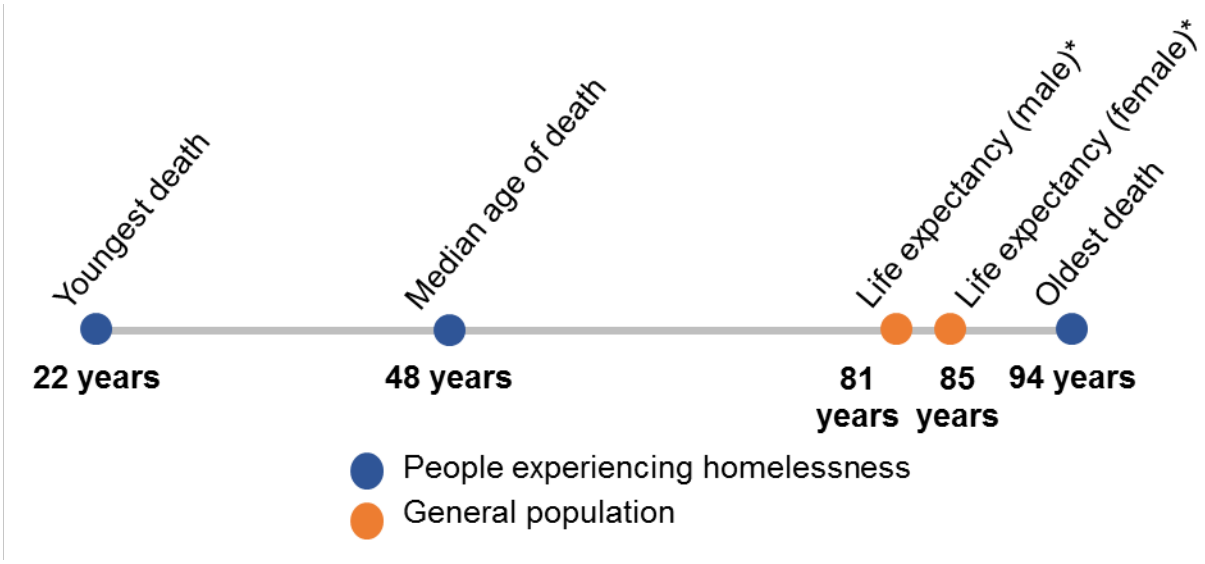


Data collected also show that the majority of deaths (65) occurred indoors, often in a hospital/infirmary or a shelter, primarily in the downtown area. Nine (9) deaths occurred outdoors, and the location of 26 deaths is unknown.

Further analysis of the data collected reveals
- 74 deaths were among males
- 25 were among females
- One person who died was transgender.

The median age of death was 48 years, meaning that half of the 100 decedents were younger than 48 years. In comparison, the average life expectancy in Toronto is 81 and 85 years of age for males and females, respectively.[1]

Figure 2. Age of Death of People Experiencing Homelessness Compared to overall Toronto Life Expectancy, Toronto, 2017



*2010 data for Toronto overall.[1]

Causes of Death

While cause of death was unknown for 28 of the cases, the leading known causes of death were drug overdose (27 deaths), cardiovascular disease (10), and cancer (9). At this time, three cases were pending further investigation to determine cause of death.

Although some of the leading causes of death, including cardiovascular disease and cancer, are common among the general population, the most striking feature of these data is the relative youth of the decedents. People experiencing homelessness in Toronto are living more than 30 years less than the overall population, on average. This points to a significant inequity in the determinants of health experienced by this population.

Other Influences and Risk Factors Associated with Cause of Death

Homelessness is the result of systemic or societal barriers, a lack of affordable and appropriate housing, and/or racism and discrimination.[2] Although the data described here are not complete enough to report on Indigenous status, the literature suggests that Indigenous people are over-represented in the homeless population.[3] Other marginalized communities, such as those living with a mental illness or a physical disability, those affected by violence, and LGBTQ2S+ individuals, are also over-represented in the homeless population.[4]

Financial, mental, cognitive, behavioural, social, and/or physical challenges can also contribute to the likelihood of an individual becoming and remaining homeless. In a 2007 survey of people experiencing homelessness conducted by Street Health, over half reported experiencing severe depression within the past year.[5] A common coping strategy used by the underhoused population is substance use, and this is reflected in the leading cause of death in the data described here. People experiencing homelessness may use substances as a way to escape from the difficulties faced in their day-to-day lives. Those with a risk-factor profile that contributes to the likelihood of being homeless may also be more likely to become addicted to substances,[6] and they may be more likely to use alone and have poor access to services and community groups that can reduce the harms associated with substance use.

Once an individual becomes homeless, these risk factors and adverse health conditions are often exacerbated, leading to an even higher risk profile. The 2007 Street Health report found that three quarters of people experiencing homelessness had one or more chronic or ongoing physical health conditions, and one third said their physical or mental health conditions were preventing them from finding and keeping housing.[5] For many people, homelessness is not a static state but rather a fluid experience, where one's shelter circumstances and options may shift and change quite dramatically and with frequency, which also contributes barriers to accessing care and services.

Social Determinants and Health Inequities

Despite the provision of universal health care to Canadians, people experiencing homelessness in Canada report serious barriers to receiving health care.[5] The need to secure adequate food, shelter and clothing everyday means that seeking medical care for developing conditions becomes a low priority. In addition, the lack of a primary care physician, lost or stolen health cards and documents, fear based on previous, negative experiences with large institutions, and lack of knowledge regarding when to seek health, all serve to delay or eliminate access to services. Many people experiencing homelessness report being refused care for not having a health card, and feel that they have been judged unfairly or treated with disrespect by a medical practitioner.[5] For those who do manage to receive care, effective treatment must take into account the difficulties imposed by abject poverty, including restricted nutritional choice, limited access to bedrest, shared and unsanitary living conditions and lack of transportation and social support.

Sentinel agencies reporting deaths among people experiencing homelessness were also asked to describe any known health challenges that the decedents faced. Although

details given for specific individuals cannot be released due to confidentiality concerns, the health challenges frequently reflected these barriers to accessing appropriate care. In addition, the need for end-of-life care suited for those without homes was also stressed. The need for an advocate in dealing with all aspects of health care was emphasized, especially for those with mental health challenges.

Implications and Next Steps

The factors that contribute to homelessness and deaths among people experiencing it must be addressed with a social determinants of health approach. Access to shelter is a key determinant of health, as is access to nutritious food and gainful employment. When an individual or community lacks these necessities, they are more likely to experience homelessness, and may be at high risk for poor health and low life expectancy. National, provincial, and local policy efforts to address housing issues must consider the relationship between housing and health, and the effect a lack of affordable, quality, and stable housing has on health inequities in Toronto and other cities.[4] There are a number affordable and supportive housing programs that provide some opportunities for those in need, such as the Ontario Home for Good Program and Toronto's Open Door Affordable Housing Program, but the increasing unaffordability of housing in Toronto remains a significant public health concern.

Expanding access to health and social services for people experiencing homelessness can also contribute to improving the health of this population. Harm-reduction services, such as those provided by The Works and other community-based agencies, can minimize the effects of substance use on health. Harm reduction services include distribution of safer drug use supplies, health promotion and safer drug use education, counselling and support, communicable disease testing and vaccinations, and referrals to housing and other community services. Via The Works, TPH also delivers overdose prevention and response training, including the distribution of naloxone, which can reverse an opioid overdose. Naloxone is also now available to people who use drugs through a wide range of community services, and is available free of charge to anyone at participating pharmacies. There are four supervised injection services now operating in Toronto. In addition, some temporary overdose prevention sites are opening in the city under a new provincial program as part of their emergency response to the opioid overdose crisis.

Additional mental health and addictions services must be accessible to people experiencing homelessness; particularly effective may be alternative models, like outreach, peer support, and survivor-run programs.[5] Services can be especially accessible if, like TPH programs, they operate on the 'Sanctuary City' model and do not require a health card or other forms of documentation. TPH will continue to partner with the Local Health Integration Networks (LHINs) serving Toronto, who are accountable for healthcare funding, including hospitals and harm reduction services.

Policies and programs designed to acknowledge and minimize individual and systemic discrimination of marginalized communities can also indirectly play a role in informing strategies to prevent homelessness and improve accessibility to services. Examples include the Toronto Indigenous Strategy, Anti-Black Racism Strategy, and Toronto for All campaign.

The data provided by TPH's monitoring system can inform policy discussions and provide direction for targeted services. At the local level, TPH is currently working with Shelter, Support, and Housing Administration (SSHA) and Social Development, Finance and Administration, along with community agencies and other local service providers, to develop a comprehensive five-year plan, including an immediate one-year action plan, to address key issues in the Downtown East Area (bounded by Bloor Street on the north, Front Street on the south, Yonge Street on the west, and the Don Valley Parkway on the east). This plan will address urgent concerns related to homelessness, community safety, substance use, and mental health. Service coordination mechanisms will be considered to holistically address long-term community needs.

The City will also be developing a new 10-year housing plan, Housing Opportunities Toronto Action Plan 2020 to 2030, which is being led by SSHA and the Affordable Housing Office. Toronto Public Health is participating in the development of the action plan, including the scope of the initiative and related policies. Toronto Public Health is also supporting SSHA on the development of both service and maintenance standards for winter respite drop-ins, 24 hour drop-ins, warming centres and the Out of the Cold program.

In addition, the 2018 provincial budget released on March 28th announced major investments to address homelessness, mental health, and addiction services, including the following:

- Expanding access to mental health and addictions services in a more integrated system for people of all ages, including up to 100 additional acute-care beds across the province.
- Providing 2,475 supportive housing units over four years to reduce homelessness, including 525 newly built units for people experiencing complex mental health and addictions issues across the province.
- Investing more than $1 billion each year in affordable housing across the province, including permanent housing for up to 6,000 families in need.
- Implementing income security reform, including increasing Ontario Works and Ontario Disability Support Program (ODSP) rates and increasing the amount of employment income that can be earned without impacting social assistance benefits.
- Creating an Urban Community Health and Justice Centre in Moss Park to improve the social determinants of health by promoting continuity of care, increasing harm reduction, and facilitating coordination of services between local agencies and service providers.

At this time it is not clear how much of these enhancements will be allocated to housing and treatment in Toronto, but all of the above investments are welcomed and urgently needed.

Ongoing Data Collection

Toronto Public Health will continue to collect, validate, and monitor the data and provide updates on the City's webpage every six months. This information, along with information on health and health service needs included in the upcoming 2018 Toronto Street Needs Assessment, will be assessed as part of TPH's comprehensive report on population health, currently in progress. Toronto Public Health will also continue to

pursue improving the data collected to ensure that it reflects, to the extent that is possible, an accurate picture of the deaths of people experiencing homelessness in the city.

While this data collection system represents the most comprehensive of its type in Canada outside of British Columbia, one of the current limitations is the lack of participation by hospitals. Currently, barriers that relate to client privacy and confidentiality are preventing their participation. A thorough assessment of how information sharing between hospitals and TPH aligns with the Personal Health Information Protection Act has been completed. This type of data collection is regulated under two pieces of legislation, which give TPH the authority to collect this type of information, but do not provide TPH with authority to require hospitals to disclose their information. Therefore, TPH will work with the Toronto area LHINs on the feasibility of hospitals sharing information with TPH on deaths among people experiencing homelessness.

Despite all attempts to improve the reporting system, it is important to note that some deaths will continue to go unreported, regardless of the breadth of the reporting network. In addition, some data will be unavailable because the reporting sentinel did not have the information or chose not to disclose it. For example, Indigenous heritage was unknown for 82 of the 100 cases (82%). The 'unknown' category for many of the findings presented here reflects, to some degree, the hidden nature of the lives of these individuals, unknown in many cases even to those who report their death.

Homelessness remains a significant issue in Toronto, affecting some of the city's most vulnerable residents and contributing to health inequities. The work to date as described in this report begins to develop a picture of the scope of this complex issue. Key findings show that people experiencing homelessness often die at an early age, and from causes primarily related to substance use, chronic diseases and other conditions. This is consistent with other studies.[2, 7-10] These deaths are likely accelerated by exposure to the elements and lack of access to health care and other determinants of health including nutritious food, shelter and clothing.

Toronto Public Health will continue to partner with other City divisions, provincial healthcare partners, and community organizations to increase accessibility of programs and services, and improve the quality of the data, which is critical to informing future policy actions and advocacy for housing and health priorities in Toronto.

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SIGNATURE

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REFERENCES

1. Toronto Public Health (2017). Health surveillance indicators: All-cause mortality and life expectancy. Retrieved March 2018, from https://www.toronto.ca/community-people/health-wellness-care/health-inspections-monitoring/comprehensive-surveillance-indicators/.

2. Gaetz, S., Barr, C., Friesen, A., Harris, B., Hill, C., Kovacs-Burns, K., Pauly, B., Pearce, B., Turner, A., & Marsolais, A. (2012). Canadian definition of homelessness. Retrieved March 2018, from www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf.

3. Steer, L. (2016). Premature deaths among drop-in members, Queen and Bathurst, 2013-2016. Unpublished manuscript.

4. Toronto Public Health. Housing and Health: Unlocking Opportunity. October, 2016. Retrieved from https://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97428.pdf

5. Khandor, E., & Mason K. (2007). The street health report 2007. Toronto: Street Health. Retrieved from: http://www.streethealth.ca/downloads/the-street-health-report-2007.pdf

6. Galizio, M. and Maisto, S. A., Eds. (1985). Determinants of Substance Abuse: Biological, Psychological, and Environmental Factors. Springer, US.

7. Hwang, S.W., Ueng, J.J., Chiu, S., Kiss, A., Tolomiczenko, G., Cowan, L., Levinson, W., & Redelmeier, D.A. (2010). Universal health insurance and health care access for homeless persons. American Journal of Public Health, 100(8):1454-61.

8. Frankish, C.J., Hwang, S.W., & Quantz, D. (2005). Homelessness and health in Canada: Research lessons and priorities. Canadian Journal of Public Health, 96(2), S23-9.

9. Condon, S. (2016). Still dying on the streets: Homeless deaths in British Columbia, 2006-2014. Vancouver, BC: Street Corner Media Foundation. Retrieved from https://d3n8a8pro7vhmx.cloudfront.net/megaphone/pages/1159/attachments/original/1459202864/Still_Dying_on_the_Streets-1.pdf?1459202864

10. Woolley, E. (2015, February 6). What are the top 10 health issues homeless people face? [Web log post]. Retrieved from http://homelesshub.ca/blog/what-are-top-10-health-issues-homeless-people-face