

Attachment 3

Toronto Public Health Health and Homelessness Working Table Summary Report



Prepared for: Toronto Public Health

Prepared by: Ideaspace Consulting Inc.

Date: October 16, 2024

Table of Contents

OVERVIEW	1
Working Table Purpose	1
Membership.....	1
Framework and Topics	2
Meeting Structure.....	2
MEETING SUMMARIES	4
Meeting 1: Introductory meeting.....	4
Meeting 2: Environmental health and homelessness	5
Meeting 3: Chronic disease and homelessness.....	6
Meeting 4: Refugees and asylum seekers experiencing homelessness	8
Meeting 5: Safety and injury prevention	9
Meeting 6: Mental health and substance use	11
Meeting 7: Health across the lifespan	12
Meeting 8: Conclusion meeting.....	15

OVERVIEW

Working Table Purpose

In 2023, the Toronto Board of Health directed the Medical Officer of Health to establish a the Health and Homelessness Working Table (HHWT) to conduct a review of the intersection of health and homelessness and provide the results of the review and any recommendations to the Medical Officer of Health, for a report back to the Board at the earliest opportunity.

The key role of the working table was to serve as an advisory body and provide expertise and actions to Toronto Public Health in the areas of health and homelessness, including:

- Supporting the identification of additional stakeholders to be engaged;
- Identifying key population health issues and challenges faced by individuals experiencing homelessness;
- Recommending evidence-based actions for addressing the identified gaps and improving the population health outcomes of people experiencing homelessness.

Membership

The working table was comprised of 20 members including physicians, service providers and medical experts who work with people experiencing homelessness and people with lived and living experience of homelessness.

Representatives from additional City divisions and subject matter experts attended select meetings to present information to the group and/or support analysis on relevant agenda items.

Working Table Members

Dr. Andrew Boozary
Dr. Stephen Hwang
Dr. Maggie Hulbert
Dr. Naheed Dosani
Dr. Andrew Bond
Dr. Carolyn Snider
Gillian Thompson
Dr. Roberta Timothy
Dr. Lori Ross
Dr. Meb Rashid

Leslie Saunders
Gael Gilbert
Katara Jasar
Monica Bagaya
Veronica Snooks
Kaeya Choi
Bee Soh
Meredith Kratzmann
Laura Kimura
Caryn Thompson

Framework and Topics

During the first meeting, the working table established a guiding framework in which three priority areas emerged:

1. The foundational causes of homelessness
2. Policy and systemic change
3. Healing of the whole person

These priority areas that emerged as opportunities for action were established based on the discussion held around Population Health Profile indicators, which Toronto Public Health (TPH) staff presented at the beginning at the first meeting.

A total of eight working table meetings were held, each focusing on a different topic. The table below outlines the topics that were discussed by the working table at each meeting. These topics align with the indicators that emerged in Toronto's Population Health Profile in 2023.

Meeting #	Topic	Date
1	Introductory meeting	August 17, 2023
2	Environmental health and homelessness	September 14, 2023
3	Chronic disease and homelessness	October 5, 2023
4	Refugees and asylum claimants experiencing homelessness	November 20, 2023
5	Safety and injury prevention	January 29, 2024
6	Mental health and substance use	February 29, 2024
7	Health across the lifespan	April 18, 2024
8	Conclusion meeting	May 23, 2024

The working table meetings were facilitated by an independent facilitator, Diana Bulley, Ideaspace, with notetaking conducted by Lauren Stasila and Kelsea Franzke.

Meeting Structure

Each working table meeting started with networking, the sharing of a land acknowledgement and an African Ancestral acknowledgement, followed by opening remarks from Toronto Public Health. The status of any action items that may have emerged from the previous meeting were also addressed at this time, as well as a brief review of the previous meeting's discussion.

Following the opening remarks and action items, Toronto Public Health staff then shared a presentation relating to that meeting's pre-determined topic, followed by a round table discussion moderated by the facilitator.

The working table would then break into small discussion groups to identify actions to support interventions and conduct small group presentations to share ideas for action with the rest of the working table. The small group presentations were often followed by further discussions moderated by the facilitator.

Notetakers were present at each meeting to capture the discussions and ideas presented by the working table.

MEETING SUMMARIES

Meeting 1: Introductory meeting

a. Topic Description

The first Health and Homelessness Working Table meeting was an introductory and planning meeting. The purpose of this meeting was to set the working table's priorities and establish the areas of focus. As this was an introductory meeting, the meeting structure did not follow the standard format that the subsequent meetings followed.

Toronto Public Health staff shared a presentation focusing on the current landscape of health and homelessness in Toronto.

Following the presentation, Toronto Public Health explained that at the end of the entire process, the actions and outcomes of the group will be used to prepare recommendations to the Toronto Board of Health, which may include items where Toronto Public Health can take an active role, an advocacy position, or liaise with City of Toronto departments to make appropriate connections.

b. Discussion Questions

The group was asked to share their thoughts on where the working table could prioritize their efforts and actions.

c. Discussion Summary and Highlights

The working table suggested establishing three areas of opportunity as a framework:

1. The fundamental causes of homelessness
2. Policy and systemic change
3. Healing of the whole person

Meeting 2: Environmental health and homelessness

a. Topic Overview

This meeting's topic of discussion was 'Environmental health and homelessness.' Toronto Public Health staff shared a presentation exploring how a person's environments can exacerbate symptoms of existing health conditions, how existing health conditions can make people more vulnerable to the negative effects of the environment, and how there is a higher vulnerability to developing new conditions from environmental exposure.

Toronto Public Health staff explained how extreme heat and cold, air quality and a person's surrounding environment can severely impact those experiencing homelessness, and then shared what the City of Toronto is currently doing to address environmental health and homelessness.

b. Discussion Questions

The group addressed the following question during the roundtable discussion:

- What other relevant issues and work in the area of environmental health and homelessness should Toronto Public Health be aware of?

Participants then worked in small groups to discuss the following questions:

- What actions could we take to address the issues identified as a group?
- What changes or modifications to existing interventions could support the health of this population?

c. Discussion Summary and Highlights

Most of the working table's discussion focused on the need for more warming and cooling centres due to extreme weather and specifically how to remove barriers to accessing warming and cooling centres for those experiencing homelessness.

Incorporating and prioritizing safety into warming and cooling responses was also emphasized.

Ideas for action that emerged from the working table discussions include:

- Advocate to the TTC to offer free services to anyone needing to get to a warming or cooling centre during extreme weather events;
- Create a policy for extreme heat that mirrors the actions on extreme cold designed specifically for people experiencing homelessness;
- Implement an air quality strategy for people experiencing homelessness;
- Create a pop-up hub model of resources that could be present at warming/cooling centres;
- Develop a comprehensive communication strategy for extreme weather events to support people to take refuge.

Meeting 3: Chronic disease and homelessness

a. Topic Overview

This meeting's topic was 'Chronic disease and homelessness.' Toronto Public Health staff shared a presentation exploring how and why people experiencing homelessness suffer a higher incidence of chronic and acute health problems including, but not limited to, diabetes, cardiovascular disease, and respiratory disease.

Toronto Public Health staff further shared that in 2021, a Street Needs Assessment showed 32 per cent of respondents experiencing homelessness had an acute or chronic medical condition. She then shared what the City of Toronto is currently doing to address chronic disease and homelessness.

b. Discussion Questions

The group addressed the following question during the roundtable discussion:

- Are there other relevant issues related to chronic disease and homelessness that should be included in today's discussion?

Participants then worked in small groups to address the following questions:

- What actions could we take to address the issues identified by this group?
- What changes or modifications to existing interventions could support the health of this population?

c. Discussion Summary and Highlights

Key topics that were identified through the presentation and discussion as a group included:

- Diabetes
- Cardiovascular disease
- Respiratory disease
- Cancer
- Smoking cessation
- Oral health
- Chronic disease prevention (access to healthy food)
- HIV
- Hepatitis C and B

Most of the working table's discussion focused on actions that could increase or enhance preventative health care for people experiencing homelessness, creating peer support models for health services, and supporting the dignity of people with chronic health conditions who are using social supports.

Ideas for action that emerged from the working table discussions include:

- Create a shelter health strategy with minimum health standards;
- Establish peer support navigator programs to support advocacy, appointment bookings, available treatment options and general health care system navigation;
- Bring primary care / health care providers to meet people where they are (shelters, social services, etc.);
- Increase smoking cessation programs across the shelter system.

Meeting 4: Refugees and asylum seekers experiencing homelessness

a. Topic Overview

This meeting's topic of discussion was 'Refugees and asylum seekers experiencing homelessness.' Toronto Public Health staff shared a presentation exploring the experiences of refugees and asylum seekers experiencing homelessness in Toronto, and the unique needs of this population that often fall into the category hidden homelessness.

Toronto Public Health staff explained that there has been a rapid increase in refugees and asylum seekers coming into Toronto since the COVID-19 travel restrictions were lifted and in October 2023, there were over 3700 asylum seekers supported by City shelters. They also shared that newcomers tend to have declining physical and mental health upon arrival which can be linked to risk of homelessness.

Toronto Public Health staff then shared what the City of Toronto is currently doing to address homelessness for refugees and asylum seekers.

b. Discussion Questions

The group addressed the following question during the roundtable discussion:

- What are the unique health needs and concerns of refugees and asylum seekers experiencing homelessness in Toronto?

Participants then broke into small groups to discuss actions or modifications to existing interventions that could be taken to address the needs and concerns raised during the round table discussion.

Group 1 discussed actions and modifications related to:

- The inability to access health care services
- The lack of awareness of services and difficulty navigating systems

Group 2 discussed actions and modifications related to:

- The need for a winter response plan for refugees and asylum seekers
- The limitations of funding and service delivery

Group 3 discussed actions and modifications related to:

- Ensuring culturally appropriate services

- The impacts of hidden homelessness

c. Discussion Summary and Highlights

The majority of the discussion surrounded the need for a hub model, or network, where people can access multiple services at one location that is close to where they are, and to explore gaps in services. The group also emphasized the need to create a health strategy specifically to support refugee and asylum seekers who are experiencing homelessness.

The group highly recommended the creation of a training program that educates service providers about the unique needs of this population focusing on trauma-informed responses, maintaining dignity for people experiencing homelessness, providing culturally appropriate services and anti-stigma approaches.

Ideas for action that emerged from the working table discussions include:

- Conduct a current needs assessment of service hubs and identifying gaps;
- Explore how to better share health information across service providers;
- Update the public health strategy to consider the intersectionality of people experiencing homelessness;
- Create a strategy for collecting more data and information on hidden homelessness.

Meeting 5: Safety and injury prevention

a. Topic Overview

This meeting's topic of discussion was 'Safety and injury prevention.' Toronto Public Health staff shared a presentation that explored the bi-directional relationship between the risk of experiencing violence and the risk of experiencing homelessness. They explained that people experiencing homelessness have a higher prevalence and incidence of traumatic brain injury caused by violence.

TPH staff went on to further explain how there are ongoing concerns about violence and non-violent victimization (such as theft) in shelters, particularly in congregate settings and how there are unique intersectional considerations for safety related to gender, sexual identity, race, ethnicity, Indigeneity, class, disability and age. Staff also shared that the COVID-19 pandemic led to increases in intimate partner violence, a leading cause of women experiencing homelessness and that members of the

2SLGBTQ+ community have reported avoiding shelters and programs in fear of encountering various forms of violence and oppression.

TPH staff then shared what the City of Toronto is currently doing to address safety and injury prevention for those experiencing homelessness.

b. Discussion Questions

The group addressed the following question during the roundtable discussion:

- Are there other relevant issues related to safety and injury prevention that should be included in our discussion today?

Participants then broke into small groups to discuss actions or modifications to existing interventions that could be taken to address the needs and concerns raised during the round table discussion.

c. Discussion Summary and Highlights

Most of the discussions focused on increasing capacity and funding for the Community Crisis Response Team to be more proactive, reducing or removing police and / or security response services where people access supports, increasing capacity in shelters with beds held specifically for those needing more intensive health supports, creating shelters designed for 2SLGBTQ+ and adults and youth, and enhancing training and support for frontline workers.

Ideas for action that emerged from the working table discussions include:

- Create safe spaces for people experiencing homelessness by revisiting and redesigning hostile architecture regarding places to sit and rest which can cause trauma and injury;
- Connect and coordinating case management between the justice system, shelters and health care to support those with a history of violence or previous involvement with the justice system;
- Work with BIAs to create a peer worker model and enhance community safety;
- Assess current shelter drop-in availability and consider expanded hours;
- Establish more non-police response services such as Toronto Community Crisis Service (TCCS) in spaces where people experiencing homelessness access supports.

Meeting 6: Mental health and substance use

a. Topic Overview

This meeting's topic of discussion was 'Mental health and substance use.' Toronto Public Health staff shared a presentation exploring the impacts of mental health and substance use on homelessness. They first defined the terms 'mental health', 'substance use', 'regulated substances' and 'unregulated substances' within the context of the drug toxicity crisis.

Toronto Public Health staff then shared that based on a 2021 Street Needs Assessment, over 75 per cent of respondents experiencing homelessness in Toronto reported having one or more health, mental health, or substance use issues. In 2022, 25 per cent of people who died from accidental opioid toxicity in Toronto were experiencing homelessness.

Toronto Public Health staff further explained that many people experiencing homelessness have significant experiences of trauma which can greatly impact mental health and substance use, and that among those experiencing mental health and/or substance use issues, very few report being able to access related supports and services.

Toronto Public Health staff then shared what the City of Toronto is currently doing to address the impacts of mental health and substance use on homelessness.

b. Discussion Questions

The group addressed the following question during the roundtable discussion:

- Are there other relevant issues related to mental health and substance use that should be included in our discussion today?

Participants then broke into small groups to discuss actions or modifications to existing interventions that could be taken to address the needs and concerns raised during the round table discussion.

c. Discussion Summary and Highlights

The majority of the working table's discussion pointed to the need for systemic change and reconfiguration of services for harm reduction. Group members stressed the need for better research and more qualitative data to understand the needs of this population and the importance of immediately addressing the drug toxicity crisis.

Ideas for action that emerged from the working table discussions include:

- Develop a model for complex care in housing that considers how mental health supports need to treat both wellness and complex illness;
- Conduct a policy review to understand and address a better continuity of support and care across programs and transitional spaces;
- Build up services in communities outside of Toronto so that people can stay connected to their communities while receiving care and support;
- Increase provincial funding to expand supervised consumption sites and detox facilities to address the drug toxicity crisis;
- Deliver trauma-informed training to all service providers supporting people experiencing homelessness.

Meeting 7: Health across the lifespan

a. Topic Overview

This meeting's topic of discussion was 'Health across the lifespan.' Toronto Public Health staff shared a presentation on health across the lifespan as it intersects with homelessness on four key topics: Prenatal Health, Childhood Health, Youth Health and Seniors' Health. They shared that research suggests that over 300 babies are born into homelessness each year in Toronto.

Toronto Public Health staff then defined the term 'adverse childhood event' (ACEs) and that experiencing homelessness, whether unaccompanied or with family, is associated with increased health risk, and every additional ACE increases this risk. Evidence suggests that people with four or more ACEs are two to five times more likely to experience depression, substance use issues, suicidality, diabetes, cancer, cardiovascular and respiratory diseases later in life.

Toronto Public Health staff further went on to share the statistics that there are between 5000 and 40,000 youth experiencing homelessness each year in Canada, fifteen per cent of people experiencing homelessness in Toronto are seniors, and that

there are an increasing number of seniors struggling to cover monthly expenses and rent.

Toronto Public Health staff then shared what the City of Toronto is currently doing to address the impacts related to health across the lifespan and homelessness.

b. Discussion Questions

The working table split into four small discussion groups, each with a specific topic of focus:

1. Prenatal: Access to prenatal care services and supports
2. Children: Impact of adverse childhood events (ACEs) related to homelessness
3. Youth: Transitioning out of childhood care and services
4. Seniors: Aging in place without sustainable housing

Each group addressed the following questions:

- What actions could be taken to address this issue?
- What changes or modifications to existing interventions could be made?
- Who would be responsible, and what is needed to implement the action?

c. Discussion Summary and Highlights

Prenatal Health

The majority of the discussion focused on accessing prenatal health services in Toronto, the need for more family shelters in the downtown area, and the lack of health data relating to pregnant people experiencing homelessness.

Ideas for action that emerged from the working table discussions include:

- Designate pregnant people as a priority population in the shelter system so that they can receive tailored supports;
- Tailor shelter spaces and supportive housing locations to support people who are pregnant and experiencing homelessness;
- Consider non-traditional connections to community partners with existing relationships with pregnant people such as pharmacists.

Childhood Health

Participants discussed the need for early intervention for families with children and providing support services for children using an anti-oppressive, trauma-informed and intergenerational approach. Much of the conversation surrounded offering more non-clinical interventions for children through partnerships with organizations that offer services such as art therapy and animal therapy, as well as acknowledging how stressful accessing family services can be and the importance of reducing these barriers to support.

Ideas for action that emerged from the working table discussions include:

- Develop a process that acknowledges a child's existing trauma without re-traumatizing them when assessing the supports they may need;
- Examine how the City can assess adherence to the UN's declaration on the 'Rights of the Child' policy;
- Include more family suites in new supportive housing and shelter developments.

Youth Health

The majority of the discussion focused on how this population is often a forgotten age group when it comes to support services and housing and how those moving through transitional periods require sustained support. The group also discussed the need for adding mental health programs and other support services to community centres where youth can easily access them.

Ideas for action that emerged from the working table discussions include:

- Establish a childhood pension program where youth that did not have a parent or caregiver set up government subsidies (i.e. RESP) can still access these funds;
- Partner with Toronto post-secondary schools to implement a program where children and youth relying on welfare services are provided with financial support for post-secondary education;
- Assess current policies to ensure they are not causing youth to become homeless due to eligibility and program requirements related to length of stay.

Seniors' Health

Many working table participants discussed barriers to accessing primary care services for seniors and the need to improve access and literacy around what services are available. The group also discussed various ways to make public transit more

accessible and creating a model with a single card for seniors to access services that would replace a person's library card, TTC card, welfare card, healthcare card, etc.

Ideas for action that emerged from the working table discussions include:

- Offer better TTC subsidies and/or offer free transportation for seniors during off-peak hours;
- Advocate for more long-term care and palliative care services for people experiencing homelessness across the Greater Toronto Area;
- Create ID bracelets with GPS tracking to help locate seniors who may get lost or wander.

Palliative Care

The subject of palliative care was discussed amongst many working table members. It was noted that while palliative care is an important service for seniors experiencing homelessness, many unhoused people who are not yet seniors also require palliative care.

Ideas for action that emerged from the working table discussions include:

- Advocate for palliative care services for all age ranges of people experiencing homelessness across the Greater Toronto Area.

Meeting 8: Conclusion meeting

a. Topic Description

The purpose of the last Health and Homelessness Working Table meeting was to review the terms of reference, previous topics discussed and look at the next steps.

The working table had identified a total of 52 actions across all meetings and had time to review and discuss these actions as a group.

b. Discussion Questions

The group addressed the following question during the roundtable discussion:

- How would the group like the suggested actions to be presented to the Board?

c. Discussion Summary and Highlights

The group discussed how the actions they identified throughout their meetings require a collaborative approach amongst the agencies involved and that an effective response to these complex challenges requires every agency working together in a coordinated manner.

They proposed an overarching recommendation to the Board of Health to:

- establish a formal intergovernmental table to advance actions to address the health and well-being of people experiencing homelessness in Toronto.

Building on their experiences as members of the working table, they noted any future table should include representation from people with lived and living experience of homelessness, organizations serving people experiencing homelessness, healthcare and social service providers, municipalities, as well as senior levels of government.

The group suggested the actions they developed through their deliberations could be structured into an action plan and serve to guide the work of the intergovernmental table.

Toronto Public Health shared that the final recommendations will be presented to the Toronto Board of Health in Fall 2024.