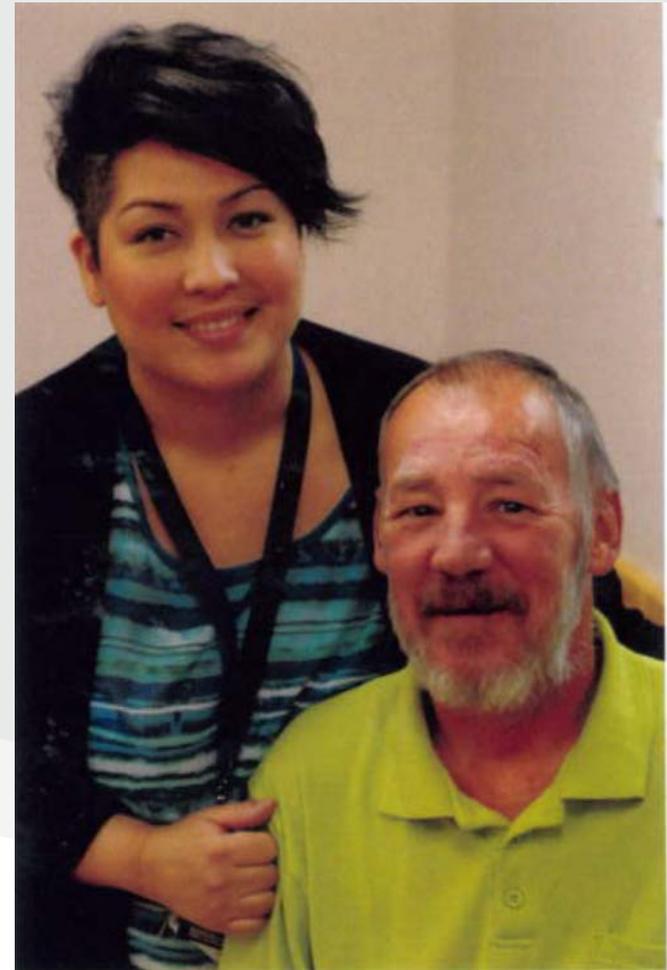


HEALTH EQUITY & HOMELESSNESS: OUR COLLECTIVE RESPONSIBILITY TO SERVICE & COMMUNITY

Community Foundation Luncheon

January 23, 2019
Kingston, Ontario

Dr. Jeff Turnbull
Medical Director
Ottawa Inner City Health



No man is an island entire of itself; every man is a piece of the continent, a part of the main; if a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as any manner of thy friends or of thine own were; any man's death diminishes me, because I am involved in mankind. And therefore never send to know for whom the bell tolls; it tolls for thee.

John Donne



Is Our Current System of Health Care Sustainable



Making the Case Health Equity



Making the case:

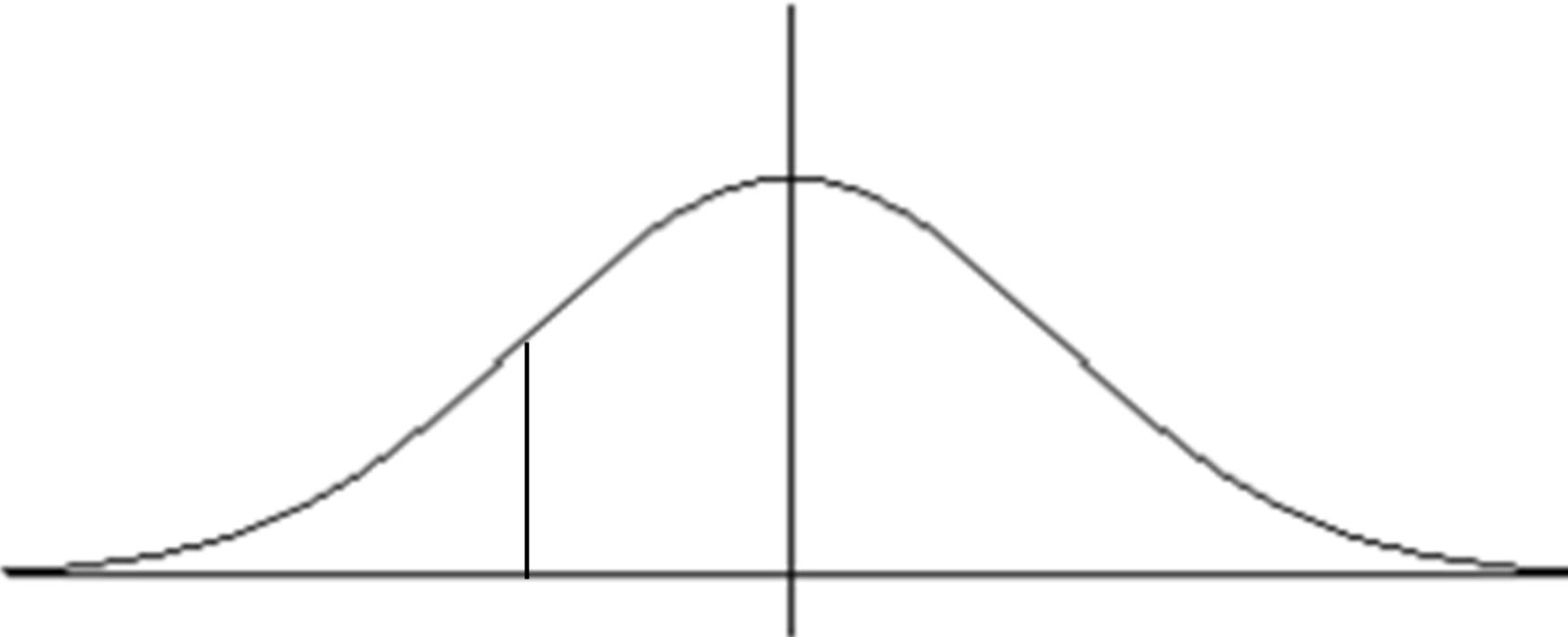
Quality 👍

Human rights 👍

Can't afford not to

Health Equity and the Tyranny of the Average

82.1 years



Life expectancy in Ontario: 2016

Who are our High-Risk, Frequent Users?

The Target 5% Experience:

- Lack access to effective care and entitlements
- Receive care that is fragmented, episodic, crisis driven and not integrated
- Vulnerability/isolation /resilience/voiceless
- Poverty



Equity: The Challenge of Those Living in Poverty & Living with Mental Illness

The right care, at
the right place at
the right time



Communities with Differential Impact

- Gender and sexual orientation
- Ethno-cultural differences including linguistic/refugee health
- Indigenous people
- Frail elderly
- Rural & remote residents
- Single-parent families
- Physically disabled
- Mentally ill/drug and alcohol addiction
- Recent immigrants
- The young and the elderly
- Poverty including the homeless

Patient Centered Care & New Models of Care

- Define the circumstances of the individual or the nature of the community involved
- What does good health and health care look like to that person or community?
- Consider personal or systems based barriers to health and health care
- Engage individuals and communities in effective solutions
- Care on their terms (right care, right time, right place)
- Build trusting relationships
- Mitigate underlying social factors through partnerships and advocacy
- Define and measure success on their terms



Homelessness in Ottawa

- 7170 individuals



2878 Youth

879/2861 families

967 women

3113 men

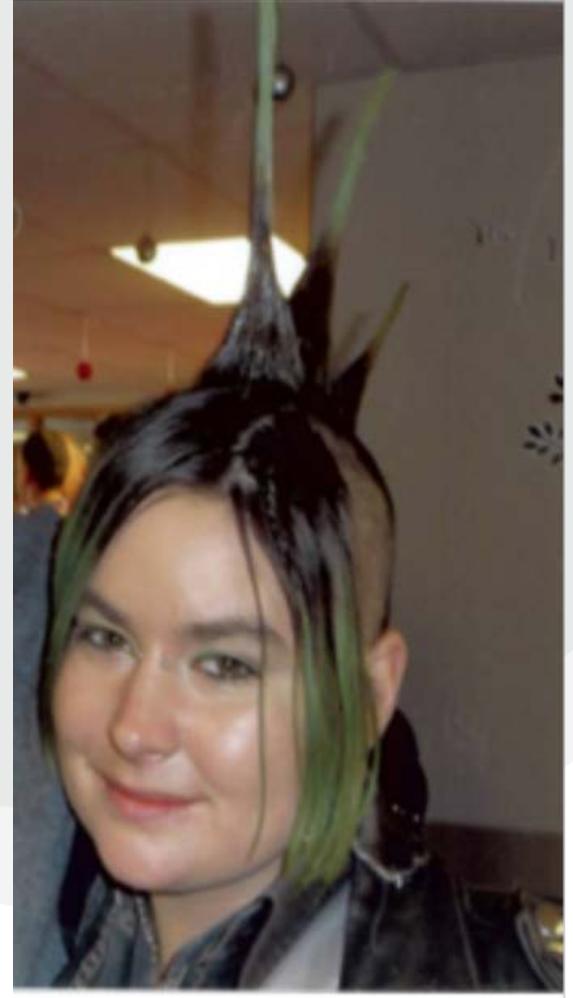
Adult Population

- Used to be 80% males, 20% females, now shift to more women
- Made up of people who “sleep rough”, emergency shelter users, couch surfers,
- Also, rooming house tenants, those with stable housing who remain connected to street life (i.e. street involved population)
- Unstably housed



Youth Population

- Highly mobile population
- More “couch surfers” than shelter users
- High rates of substance use and mental health problems
- Many fleeing abuse or, products of the child welfare system



Families

- Poverty is main reason for families to become homeless
- Objective evidence shows that if families are provided with affordable housing, the cycle of homelessness is broken
- Impact on children highly concerning
- Most are single parent families
- Unemployed or underemployed



Women

- Proportionally smaller numbers but, often much harder to serve effectively
- Population splits between those fleeing abuse, those with mental illness and those with substance use issues (many involved in sex trade work), many fit into all three groups
- Many have children, often not in their care



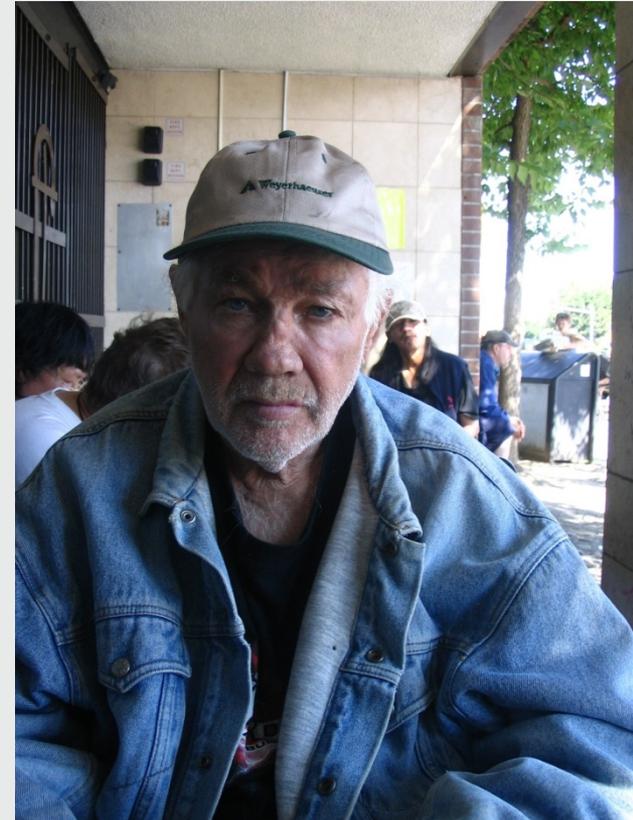
Mentally III

- Depending on the study 15-40% of general homeless population
- 95% in chronically homeless population
- Homelessness may be cause or effect of mental illness
- Current laws are not effective in helping those with greatest need



Homeless with Concurrent Disorders

- Drug and alcohol use is part of the culture of homelessness
- Much of public “nuisance” associated with drugs, alcohol and mental illness
- Other issues (brain injury, developmental delay)



Summary: Inner City Health Programs & Services

| Shelter Based Program | |
|-------------------------|-----------------|
| Managed alcohol program | 21 beds |
| TED | 49 beds + 8 OBS |
| Special Care for Women | 16 beds |
| Special Care for Men | 30 beds |
| Hospice | 21 beds |
| Primary Care Clinic | |
| Supportive Housing | |
| Oaks | 55 units |
| Booth House | 20 units |
| Gardner (HS) | 34 units |
| Kanata | 99 units |
| SIS | |
| MOP | |
| Carruthers | 50 units |



Opioids: Our New Reality



Some Thoughts on Developing Programs that Serve Vulnerable Populations

- Must be built on values
- Must be built around communities' need not providers
- Requires new partnerships/collaborations/community engagement
- Existing policies/procedures can be impediments
- Must be driven by data/evidence/accountability
- We are too risk averse
- In the end it's about changing the culture, finding meaning, letting people be the professionals that they trained to be



Our Collective Responsibility to Achieving Population Health & Equity

- Information for informed health and social policy decisions
- Promote effective health delivery systems for prevention and care
- Promote measures that address the SDH
- Effecting positive social change through healthy public policy
- Advocating for values that are essential for the health of our communities

*The woods are lovely, dark, and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep*

Robert Frost, Stopping by Woods on a Snowy Evening, 1923



A change for the better

Alcoholics band together, collect pennies to help kids

By NELLY ELAYOUR

Spare some change? You've heard it many times, but chronic alcoholics at a downtown men's shelter are giving the phrase new meaning. They're collecting pennies to help sick kids.

"We're like a family. Our family is working hard to help other people," said organizer Harold Fraser, 46.

Fraser is one of about 25 residents of the Managed Alcohol Program at the Shepherds of Good Hope. Each month, they receive a \$16 personal needs allowance from the city — \$10 goes to the program, the rest is theirs to spend.

About five years ago, Fraser noticed a donation box for CHEO at a Tim Hortons. It gave him cause to reflect on his family. "I had two daughters. I love them both."

He last saw the girls a decade ago when they were six and seven. Born at CHEO, they both suffered from myotic dystrophy.

The day he saw the donation box Fraser decided he would start collecting change.

"I'm doing it for the kids," he said. After collecting change around the coffee shop, he started approaching others lined up for meals at the shelter. He'd trade two cigarettes for 15 pennies.

"I'm losing but I'm gaining. Every cent counts to fill up those cans," said Fraser, who collected \$86.

His idea caught on at the shelter, where many residents share children they've lost touch with. Collecting change makes them feel like they can still help children. In addition to saving their own pennies, they ask for donations.

"They're now rolling the pennies to give to CHEO. After that, they hope to help other groups that support children. "I'd love to send them to kids overseas, to kids suffering over there," Fraser said.

Fraser said he hopes to donate their pennies to help fund research to cure their children's disease.



HAROLD FRASER, left, Sharon, Stidie and Ron Lalonde hold some of the pennies they've collected for CHEO.

Vernissage
October 31, 2005

Exhibit & Sale
Oct. 31 to Nov. 30, 2005

Sweetgrass
Aboriginal Bistro

Dinner Reservations after the show
613-562-3683

108 Murray Street
Ottawa, Ontario

Artist Tom Hogan

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