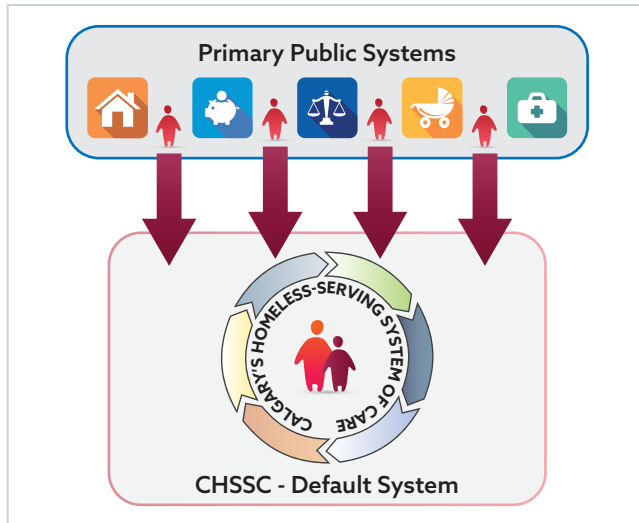


# Tackling Health Disparities for People who are Homeless

## Calgary's Homeless-Serving System of Care is a **Default System**



Homelessness is a complex issue that cuts across organizational levels of primary systems of care: Housing, Health, Justice, Income Supports, and Children's Services. While not the sole factor in these dynamics, the way these systems relate to one another impacts the effectiveness of their cumulative impact on individuals experiencing homelessness.

Calgary's Homeless-Serving System of Care is what we refer to as a Secondary System or "Default System". This array of non-profit agencies, community partners, and faith communities are coordinated and focused around efforts to end homelessness in our city. The HSSC is a "default system" which relies on nonprofits to deliver key programs and services to vulnerable individuals who have fallen through the fractures within accountable, primary public systems.

### \* Homelessness is a **HEALTH** issue. Being homeless is associated with:

- Shorter life expectancy;
- Higher morbidity (illness) and greater use of acute hospital services;
  - Increased diagnoses of anxiety, depression, PTSD, substance misuse and addiction
- Less likely to access primary and prevention services;
- Increased risk for later-stage diagnosis of diseases;
- Poor control of manageable conditions (ie. High BP, diabetes); and
- Increased hospitalization for preventable conditions (ie. Skin or respiratory)

### \* **Social Determinants - Driver and Consequence**

Homelessness is **both** a **key driver** of poor health (mental and physical) and **a consequence** of adverse social and economic conditions:

- Social Determinants of homelessness and Health inequity are intertwined
- Homelessness is often preceded by life adversities rooted in childhood and other deep social exclusion
  - dysfunction in family, social, economic and relational areas, trauma, poverty, unemployment, domestic violence, unstable housing, educational disadvantage, discrimination
- The constellation of underlying social issues challenges traditional clinical boundaries. In other words, homelessness is not seen as a "medical problem" or "health issue"
- Standard medical model does not encompass the realities of being homeless
- There is a costly revolving door between homelessness and health system: "we do health; You do housing"

(\* Int.J. Environ. Res. Public Health 2017, 14, 1535;doi:10.3390/ijerph14121535)

## Housing (with supports) is one Health Solution

# HOUSING is a core determinant of **HEALTH**

# Our **Recommendations:**

## Implement **Housing First as a People First Strategy**

- Stop labelling, segregating or socially excluding and otherwise, “selective moral inclusion” of PEOPLE as ranking for access to services; housing and health (ie. Domestic violence, indigenous, veterans, people of color, women, seniors, families, refugees etc...)
- Start funding innovation and capacity building, at scale, within Reaching Home strategy.

## Implement evidence-based **Housing First and Integrated Health and Social Care** for people who are homeless

- Direct funding stream from **National Housing Strategy** to Provinces to Community leads on Homelessness Strategies (rent supports)
- Direct funding stream from **Health** to Provinces to Community leads on Homelessness Strategies, specific to **HARM REDUCTION** housing programs
  - compel health services to provide core health, mental health and addiction supports to Housing First Programs: Place-Based Housing with Supports, and Supportive Housing

## Establish ALL Government of Canada ministries as **Co-Accountable for Homelessness**

- Establish Federal, Provincial, and Territorial Ministers Table on Homelessness
  - Co design cross Ministry strategies for transformation of public systems (Health, Housing, Justice, Child Services, Social Income Supports) to financially support the development of affordable housing (capital) with supports as integral to systems of care.
  - leverage cost savings as evidenced by Housing First research, as real time re-investments within each Ministry/Public Service into housing partnerships (Homeless Serving System of Care, rent supports, new capital builds or purchases etc)

## Proactively create an **Integrated Strategy on Strengthening Determinants of Health and Well-Being**

instead of reactively creating individual strategies for each “problem”  
(poverty, addiction, homelessness, etc.)