



Homelessness in Toronto

- 32,000 different people use a homeless shelter in Toronto each year.
- City of Toronto "Street Count"→ 5,052 homeless individuals (April 2006)
- Homeless people have poor health, high mortality rates and difficulty accessing health care.

Study Background

- 1992 Street Health Report: first to document health status and health care access of homeless people
- 2007 Street Health survey: conducted to provide current information on health and homelessness in Toronto

Methods

- Representative sample of 368 homeless men and women recruited at meal programs & shelters in downtown Toronto
- Homelessness defined as: having stayed in a shelter, with a friend/relative, in a public place or other site not intended for human habitation for at least 10 of the last 30 nights.
- Survey topics: demographics, health, health determinants, access and barriers to services

Community Involvement

- Peer researchers
- Community Advisory Committee
- Community and research partners

Peer Researcher Perspectives

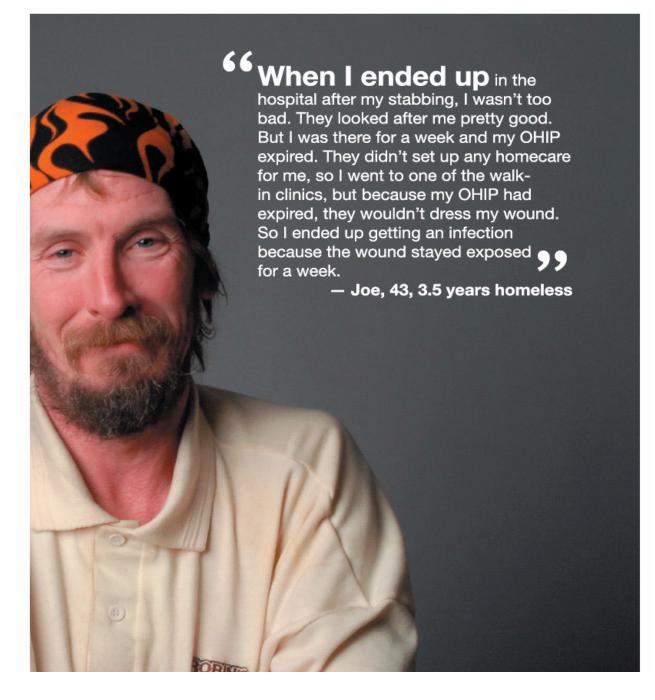


Community Advisory Committee

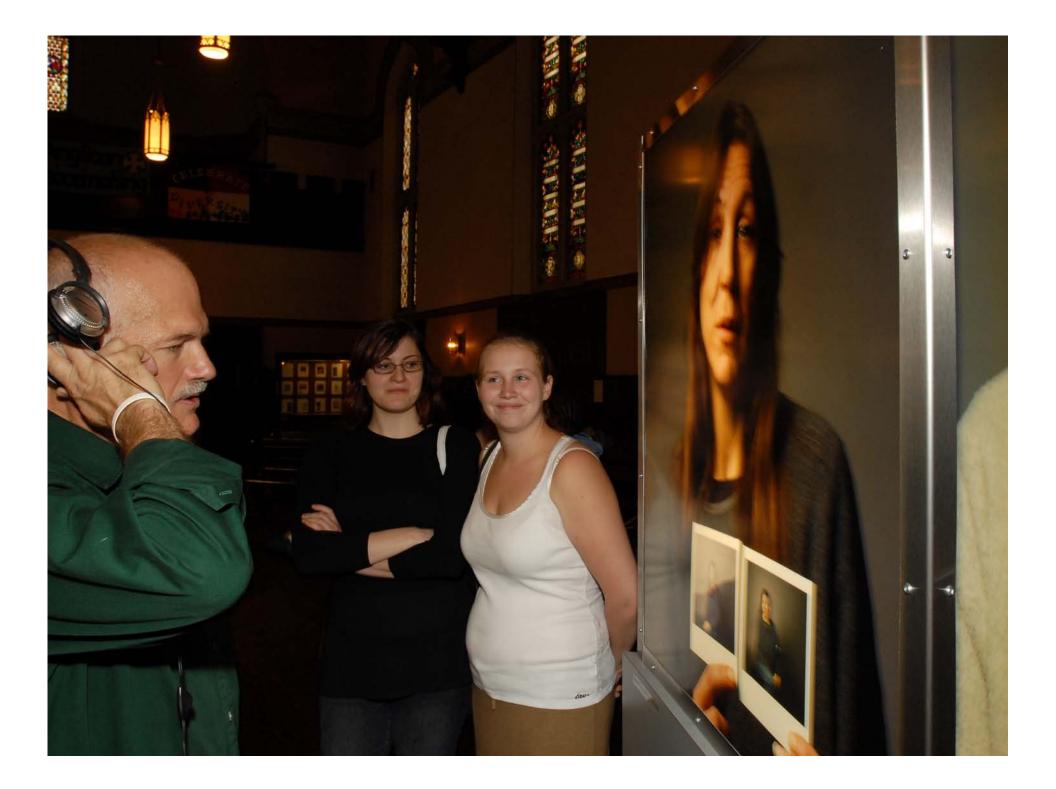
- Consisted of community members, community organizations and academics
- Provided direction for the study by:
 - Prioritizing research focus areas
 - Input into study design
 - Participating in data analysis
 - Developing recommendations
 - Directing dissemination and advocacy

Key study partners

- The Wellesley Institute advisory committee, policy development, dissemination, advocacy, funding
- CRICH, St. Michael's Hospital advisory committee, technical advice and support, dissemination
- National Film Board of Canada personal narrative component, arts-based dissemination tools







Report Recommendations

- Series of recommendations based on our findings focused on 4 key areas:
 - Addressing poverty
 - Improving access to housing
 - Improving living conditions of people who are homeless
 - Improving access to health care

Dissemination & Advocacy

- Report release event
- Distributing the report
- Media coverage
- Public presentations
- Meetings with politicians and policy makers

Study Impact

- Immediate benefits for peers and partnerships
- Health care sector has been the most responsive
- Tool for other community groups
- Role in keeping decision makers convinced and on-track

Phase 2

- Continued use of existing data to create a series of research bulletins:
 - Hepatitis C
 - Crack Use
 - Aboriginal people
 - Concurrent disorders
 - Arts-informed research
 - Women
- Policy and advocacy work on focused issues

Acknowledgements

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The Street Health Report 2007 Research Bulletins

• Available at: www.streethealth.ca

Street Health Stories

- Available on YouTube
- www.nfb.ca/filmmakerinresidence

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