

For Information

DATE: March 13, 2012

REPORT TITLE: **HOMELESSNESS HEALTH STRATEGY**FROM: Janette Smith, Commissioner of Health Services
Janet Menard, Commissioner of Human Services
David L. Mowat, MPChB, MPH, FRCPC, Medical Officer of Health**OBJECTIVE**

To inform of the development of the Homelessness Health Strategy and the proposed community-led Homelessness Health Network.

REPORT HIGHLIGHTS

- The Homelessness Health Steering Committee was established in 2010 through the combined efforts of Peel Public Health and the Human Services Department.
- This Steering Committee, which included representatives from a variety of local health care agencies and service providers, developed a Homelessness Health Strategy for Peel in 2011. The goal of this Strategy is to improve the equity of access to health services for Peel's homeless and at-risk populations.
- Feedback from service providers and clients was incorporated into the Strategy.
- Efforts are currently underway to establish a community-led Homelessness Health Network to implement the Strategy.

DISCUSSION**1. Background**

In 2005, the Region of Peel formed the Homelessness Steering Committee, comprised of senior staff from Human Services, Health Services, and Finance. The Homelessness Steering Committee was established to provide overall strategic leadership and guidance to homelessness programs and initiatives that are overseen by the Region.

In response to concerns regarding access to health care for homeless and under housed individuals, the Region of Peel Homelessness Steering Committee asked Peel Public Health to undertake a review of health service delivery for Peel's homeless. In response, Public Health staff implemented an evidence-informed process to identify and recommend:

- A service delivery model to provide health services to those who are homeless, marginally housed or at risk of homelessness in Peel.
- Pathways to foster or develop relevant partnerships to improve access to health services for those who are homeless, marginally-housed or at risk of homelessness.

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The process involved a review of research evidence, an assessment of the local context through client interviews, expert consultations, community service provider focus groups and environmental scans with Region of Peel management groups, and ultimately, the development of a Homelessness and Health Report with recommendations.

2. Homelessness and Health Report Highlights

The report provides a thorough review of the evidence related to effective public health interventions aimed at improving the health of homeless and under housed populations. In particular, the report recommended that:

- Clinical health care services for homeless and under housed individuals are provided more effectively by community-based, clinical service providers than by Public Health.
- Better access to and coordination of such community-based services could be enhanced through the creation of a comprehensive and integrated network of services.
- The Region of Peel should oversee establishment of the network until community leadership is identified.

A copy of the full report entitled "Homelessness and Health in the Region of Peel" is available in the Office of the Medical Officer of Health.

3. Status Update

In November 2010, Peel Public Health, in collaboration with the Human Services Department, established the Homelessness Health Network Steering Committee in order to move the development of the network forward. The Steering Committee created a strategy as a starting point to guide the work of the Network, once it is operational. While the Steering Committee acknowledged that issues related to housing and other resources (e.g. food, transportation, etc.) impact an individual's capacity to access health services, the strategy was focused on identifying opportunities to improve access to health services for Peel's homeless and at-risk population.

Members of the Steering Committee included representatives from:

- Bramalea Community Health Centre
- East Mississauga Health Community Health Centre
- Central West Local Health Integration Network
- Mississauga Halton Local Health Integration Network
- Salvation Army - Peel Residential Services
- Peel Regional Police
- Peel Public Health
- Wise Elephant Downtown Brampton Family Health Team
- Credit Valley Hospital
- Trillium Hospital
- William Osler
- Region of Peel Human Services Department
- Centre for Addition and Mental Health
- Canadian Mental Health Association Peel Branch.

In keeping with the findings of the literature review on health and homelessness in Peel, the Steering Committee members agreed that clinical health services for homeless and at-risk populations should be provided by clinicians and clinical service agencies while public

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health services (e.g. contact tracing for cases of tuberculosis (TB) and other reportable diseases, outbreak management etc.) would continue to be provided by Peel Public Health. The main deficit in clinical services is in primary health care which can be accommodated by existing providers, including Community Health Centres.

4. Peel's Homelessness Health Strategy

Peel's Homelessness Health Strategy was developed and refined by the Homelessness Health Network Steering Committee during a five month period from February to June 2011. In addition, almost 200 individuals (106 service providers and 84 service users) participated in consultation sessions to review the draft strategic plan components. Feedback and perspectives obtained through these consultation sessions were used to finalize the strategy.

The Homelessness Health Strategy was created to provide a foundation for the development of the Homelessness Health Network, a network of service providers to facilitate access to health care (and related services) for homeless and at-risk individuals. It is intended that this Network will develop and facilitate partnerships that will enhance access to health services along the continuum of care. The development of a comprehensive and integrated approach to the planning and delivery of health services that enhance individual, family and community capacity is an important component of an overall strategy to reduce or eliminate homelessness.

5. Strategy Components

Peel's Homelessness Health Strategy's goal is to improve the equity of access to health services for Peel's homeless and at-risk population.

The key objectives of the strategy are:

- Improving supports to and treatment of the homeless and at-risk populations in Peel.
- Expanding and establishing collaboration and partnerships across sectors.
- Increasing education and knowledge of the health needs of the homeless and at risk population in Peel.
- Developing a shared approach to systematic data collection.
- Optimizing the funding and resources available.

The full document entitled "Peel Homelessness Health Strategy" is available in the Office of the Medical Officer of Health.

6. Future Directions

Currently, selected members of the Steering Committee are seeking funding from foundations and granting agencies in order to establish a Network Coordinator position. It is anticipated that this coordinator will serve as the lead in the establishment of the Network which, in turn, will oversee the implementation of the Homelessness Health Strategy. Upon receipt of this report by Regional Council, the Homelessness Health Strategy will be released to the participants of the community consultations and key stakeholders.

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CONCLUSION

Improving the equity of access to health services for Peel's homeless and at-risk populations cannot be accomplished by one agency or by one level of government alone. Partnerships and continued dedication to community-focused service delivery are critical. It is the hope of the Homelessness Health Network Steering Committee that existing health care and service providers will collaborate with each other and with key stakeholders in order to address the health needs of the homeless and at-risk populations in Peel.



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