



Hospitals and the Health Imperative for an Upstream Approach to the Housing Crisis

This document has been prepared for the Catholic Health Association of Ontario.

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Executive Summary

Housing instability and homelessness is a critical public health concern. Despite municipal, provincial, and federal government efforts in Canada, people experiencing homelessness face a grossly disproportionate burden of disease and injury, which also leads to significant utilization of the acute care system.

Housing has been a priority for the Catholic Health Association of Ontario (CHAO) and its members for a long time. However, the COVID-19 pandemic has further emphasized the need for housing support services and made it even more urgent. Ontario's Catholic hospitals have a unique opportunity to reform their approach to healthcare by providing permanent supportive housing with no preconditions such as sobriety – the Housing First approach.

The paper draws on the work of CHAO members and the work University Health Network (UHN), in collaboration with the United Way of Greater Toronto (UWGT) and the City of Toronto, is creating Canada's first Social Medicine Supportive Housing site. The initiative is based on the Social Medicine Care Model for Residents. It integrates strategies that address the social determinants of health, recognizing their crucial role in enhancing people's health and well-being. Collaborations between healthcare and community service providers, like Catholic hospitals, are essential in addressing the unique needs of individuals surviving homelessness.



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Health systems have a vital role in advocating for systems-level policies that promote accessibility, quality of care, and improved health outcomes. Hospitals must better coordinate services for structurally vulnerable, high-needs patients through cross-sectoral partnerships and advocate for more equitable public policy solutions.



1 | Introduction

Homelessness is a critical public health concern spanning many urban and rural areas. Compared to the general population, individuals experiencing homelessness exhibit significantly higher levels of morbidity and excess mortality.¹⁻³ Yet, people experiencing homelessness face critical barriers to engaging in primary healthcare services^{4,5} — leading to a significant burden on the acute care system.^{6,7}

As the crisis has become more acute, homelessness has steadily moved up on the policy agenda of municipal, provincial and federal governments in Canada.⁸ A plethora of evidence demonstrates that permanent supportive housing interventions for individuals experiencing homelessness without preconditions such as sobriety – what is called a Housing First approach - effectively reduces homelessness and achieves housing stability⁹ — a pivotal first step in addressing upstream determinants.

Questions remain regarding the specific support structures needed to enhance overall health and well-being,¹⁰ but coupling permanent supportive housing with harm reduction services,¹¹ income assistance¹² and case management¹³ have shown promising results.¹⁴



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Individuals experiencing homelessness encounter a multitude of upstream social burdens and structural barriers contributing to downstream health disparities. Providing effective interventions for this population necessitates addressing these intersecting health and social issues through interdisciplinary collaborations between health systems, social services, and community partnerships.



2

The Inextricable Link Between Housing and Health

Housing is widely recognized as a critical social determinant of health, as housing insecurity is a common social risk factor that negatively impacts health and overall well-being.¹⁵ Unhoused populations face significant health challenges, including mental health and substance use issues, respiratory and cardiovascular conditions, infectious diseases, malnutrition, and skin conditions.¹⁶ At the start of the COVID-19 pandemic, experts warned about the heightened risk of transmission and adverse health effects for people experiencing homelessness across major metropolitan areas in North America.¹⁶ Unhoused populations are particularly vulnerable to disease epidemics due to their living conditions and limited access to basic hygiene supplies. These individuals face significant challenges in effectively practicing physical distancing, thereby increasing the threat to their health.^{17,18}

Eventually, these predictions became a reality as individuals experiencing homelessness were at an increased risk of infection of COVID-19, 20 times more likely to be admitted to a hospital and 10 times more likely to be admitted to an intensive care unit.¹⁹ Mortality related to COVID-19 was five times higher among individuals with a history of homelessness than among the community-dwelling population.¹⁹ These downstream implications from the COVID-19 pandemic illuminated the inextricable link



between housing and health and have exacerbated pre-existing challenges to accessing care and services among unhoused populations.

While recognizing the inextricable link between housing and health is a crucial step towards prevention and more cost-effective care — one of the main challenges in addressing homelessness is that housing and health are often managed separately, without proper alignment and integration.²⁰ In addition to providing housing, it is necessary to offer comprehensive support services that address the underlying causes of homelessness and promote long-term housing stability. This includes continuity of health and social care, discharge planning, and coordinated social supports.²¹



3

Addressing the Economic and Moral Costs of Homelessness

Many individuals surviving homelessness who suffer from chronic health conditions receive inadequate healthcare and rely heavily on health services,²² particularly acute care²³ — leading to a significant cost burden.^{6,7}

In recent years, healthcare reforms have been implemented to address the distinct health risks that individuals experiencing homelessness face. One area of focus has been redesigning hospital services to provide more efficient and cost-effective patient pathways that can better respond to the needs of this structurally vulnerable population.²⁴

In Canada, the 2009-2013 At Home/Chez Soi study is still the largest international Housing First “research demonstration project”. With 2,000 participants in five cities, half with acute health needs and the other half with moderate needs, enrolled in both Housing First and more traditional “treatment as usual”, the evaluation demonstrated that adopting a Housing First approach to homelessness is a financially sound investment, leading to significant cost savings.²⁵ The study showed that during the two-



period following study entry, every \$10 spent on Housing First services resulted in an average saving of \$21.72.²⁵ In Los Angeles County, permanent supportive housing yielded a net savings of approximately 20% for every dollar invested into the program.²⁶

Finland has been successful in combatting homelessness by implementing a Housing First approach accompanied by ambitious construction of supportive housing. This integrated approach has led to significant cost savings where housing one individual surviving homelessness saves approximately 15,000 euros per year.^{27,28} Finland is the only European country experiencing a decline in homelessness levels and is ambitiously aiming to completely eradicate homelessness by 2027.^{27,28}

The needs of a population can differ based on the region, but we can draw insights from Catholic Healthcare systems in Canada to find innovative solutions. Take, for example, the cutting-edge Saint Elizabeth Healthcare Senior's Housing Prototype, which is presently being developed in Toronto, or the two senior housing projects previously spearheaded by St. Joseph's Health Centre in Guelph. These initiatives feature both market-rate units to help cross-subsidize the project, as well as affordable units, both with services for seniors.

The use of permanent supportive housing for individuals surviving homelessness with psychiatric and substance use disorders reduces the use of costly hospital emergency



departments and inpatient services.²⁹ By combining housing with harm reduction services,^{11,30} income assistance,^{9,21} and case management,^{13,31} individuals experiencing homelessness can receive the necessary support to improve their overall health and well-being, which in the longer term can lead to reconnection with family and creation of much more meaningful lives.^{14,32} The success of interventions addressing homelessness underscores the moral significance of adopting a comprehensive approach to support delivery. It is imperative for Catholic Hospitals to draw any evidence-informed insights from other health networks on effective strategies to build external community partnerships and internal support to address housing as a human right as well as a basic need.



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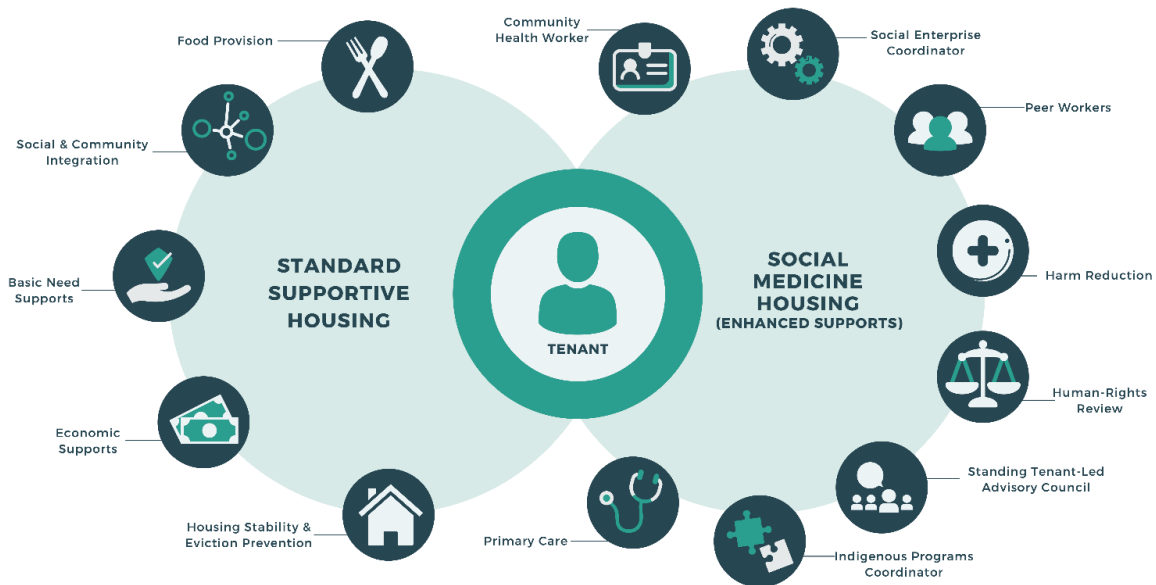
Social Medicine at UHN — A Potential Framework for Scale

Collaboration between healthcare providers and local governments is crucial for improving the well-being of residents in neighbourhoods. Studies suggest high-quality care for individuals with complex needs requires strong integration and coordination of health and social services.³³ The Gattuso Centre for Social Medicine at University Health Network (UHN) recognizes the urgent need to address the public health crisis that homelessness creates, especially for the most structurally vulnerable communities.

The systemic discrimination of homelessness as a policy choice from every level of government has resulted in Black, Indigenous and Refugee/Newcomer populations comprising nearly 60% of all individuals surviving homelessness in Toronto.³⁴ The Gattuso Centre also highlights the evidence surrounding hospital utilization patterns — demonstrating that 234 downtown Toronto patients visited emergency departments over 15,000 times in 2019. Reliance on emergency room healthcare doesn't help homeless people, who live only half as long as the general public, losing 30-40 life years on average due to the absence of a secure permanent home.³⁵ If the University Health Network wants to prioritize positive health outcomes beyond reactive healthcare, collective action to address the housing crisis as a health crisis is necessary.



response, UHN Gattuso Centre for Social Medicine, United Way of Greater Toronto (UWGT), and the City of Toronto have partnered with community-led organizations to create Canada's first Social Medicine Supportive Housing site. The Social Medicine Housing project is committed to providing a safe, accessible, and affordable home to 51 individuals with complex health and social needs, belonging to historically marginalized groups, with high utilization of acute hospital services. The site's design is unique in that it firstly provides permanent housing — not transitional housing — and incorporates strategies that address the social determinants of health, such as housing, food, and financial security, recognizing their crucial role in enhancing residents' health and well-



being (see [Figure 1](#)).

The initiative is based on the Social Medicine Model of Care, designed in consultation with numerous stakeholders, including people who have experienced homelessness and/or drug use, front-line service providers, community leaders, clinicians, researchers,

Figure 1: A diagram of UHN's Social Medicine Housing Model



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and

supportive housing operators throughout Canada and globally. The Social Medicine Housing Initiative will also be staffed by community health workers and nurse practitioners to provide comprehensive health and social care support to unhoused patients who frequently require acute care, both in hospitals and in the community. By the end of 2023, the construction of 51 permanent supportive housing units will be complete, with move-ins beginning in early 2024.



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Strengthening Person-Driven Services and Fostering Community Partnerships

For CHAO and its members to make a meaningful impact in addressing homelessness, seeking collaboration with existing community partners and harnessing support for an upstream approach to health inequities is an important first step. Catholic Hospitals can look to leverage any land or public resources differently to respond to the needs of the communities they serve. Further establishing collaborations between healthcare and community service providers is essential in addressing the unique needs of individuals surviving homelessness.

While some critics in the United States have warned about hospitals deviating from their traditional roles and services while also being exempt from community tax requirements as for-profit entities,³⁶ these criticisms may not translate as neatly to the Canadian context in a single-payer system. There is no question that homelessness is an active policy decision by every level of government, and failures to deliver housing as a human right have serious health and economic implications.³⁷ It is then crucial to note that if hospitals decide to maintain more “conventional roles” amidst widening inequalities, the moral distress amongst health workers will also only increase.



partnerships with both government and community agencies by local hospitals may not end the homelessness crisis at the national level. Still, these can be significant steps to better care for populations that are facing dire health challenges amidst worsening housing costs across the province. This can begin with hospitals coordinating services for vulnerable, high-need patients,^{38,39} and collaborating with social sectors to connect patients with the support they need and deserve. There is also evidence that supports such as medical-legal partnerships can better prevent homelessness for individuals, and that supportive services ranging from harm reduction to food security can improve health outcomes beyond housing alone.^{40,41}

Ultimately, there is no health without housing. On matters of human dignity and health economics, the evidence indicates that better health outcomes and cost savings can result from Housing First approaches taken by hospitals and health networks.



6

Conclusion

The challenges posed by homelessness and its profound impact on health are undeniable. Ontario's Catholic hospitals, through innovative housing support services and collaborative efforts that leverage available land, have the potential to address these issues effectively. The COVID-19 pandemic has only emphasized the urgency of the matter, making it crucial to act swiftly and decisively. Recognizing the inextricable link between housing and health is the first step in addressing the burden on the healthcare system and improving the overall well-being of unhoused populations. The success of initiatives highlighted in this paper showcases the benefits of comprehensive, community-driven solutions. Moving forward, the key to making a meaningful impact lies in fostering collaboration with existing community partners, strengthening internal commitment, and leveraging resources like hospital designated land to meet the unique needs of diverse communities. By doing so, Ontario's Catholic hospitals can address homelessness and improve the health and well-being of some of Ontario's most structurally vulnerable individuals, all while achieving cost savings and delivering on human dignity through a more holistic approach to housing and healthcare.

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