

Health Inequities in the Canadian Homeless Population



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How does the healthcare system in Canada work?

Canada's healthcare system, known as **Medicare**, is

Publicly Funded

+

Universal

How does the healthcare system in Canada work?

Publicly Funded

What does it mean for Medicare to be publicly funded?

This means that we – Canadian citizens – indirectly pay for our health care services through government taxes on our annual income.

Each province and territory in Canada has slightly different public healthcare systems, but **ALL** cover the expenses of medically necessary care. This includes:

- Family doctor check-ups and appointments
- Visits at walk-in clinics
- Visits to emergency rooms
- Medical tests, surgeries, and childbirth
- Medications prescribed in hospitals
- Treatment received in hospitals
- Rehabilitation and palliative care



How does the healthcare system in Canada work?

Publicly Funded

What is OHIP?

OHIP stands for the **Ontario Health Insurance Plan**. To apply for OHIP, you must show **(1) proof of your identity** and **(2) proof that you are currently living** in Ontario. Once you get your OHIP card, all the health care services listed on the last slide will be covered for you.

What does OHIP not cover?

- Dental care
- Vision care
- Psychologist services,
- Prescription medication received outside of hospitals/clinics
- Ambulance services, and
- Some rehabilitation services (e.g., some chiropractic services).

NOTE:

These are very important health care services, and can be very expensive!

How does the healthcare system in Canada work?

Publicly Funded

How do people afford these extra services?

Some people are able to pay directly out of their own pockets.

Others get “benefits,” or private insurance from their workplace, which helps cover *some* or *all* of these expenses.

For those not covered by Medicare in Canada, medical tests can also be really expensive!

- Some blood work can cost \$360
- An MRI scan can cost over \$2,000
- A knee surgery can cost between \$12,000-\$24,000

How does the healthcare system in Canada work?

Publicly Funded

Universal

What does it mean for health care to be universal?

Universal healthcare means that all residents of Canada have access to the full range of health services whenever they need them.

In general, Canadian citizens, permanent residents, Indigenous people, some refugees, and those with valid Canadian work permits and full-time employment qualify for Medicare.

NOTE:

There are residency requirements in some provincial and territorial health systems, including Ontario's OHIP. This means that **to qualify for OHIP, you must prove that you have a home address in Ontario.**

CASE STUDY

To better understand the difference between publicly-funded and privately-funded health care, let's consider an example.



This is Charlotte.
Charlotte recently lost her job.



This is Lisa.
Lisa has a stable job.

Both women have two appointments today, one at their family doctor and one at their optometrist.

CASE STUDY

Lisa has an appointment at her family doctor first.

There, Lisa presents her OHIP card and then meets with her doctor. Lisa gets some bloodwork done. When Lisa is done with her appointment, she is free to go home without paying a dime.

Lisa's expenses for her appointment and blood work are paid by OHIP.



CASE STUDY



When Charlotte attends her own appointment at the family doctor, she also presents her OHIP card and then meets with her doctor. Charlotte also gets some bloodwork done.

When Charlotte is done with her appointment, she walks directly out of the clinic.

Like Lisa, Charlotte's visit with her family doctor will be paid for directly through OHIP.

CASE STUDY

Next Lisa goes to the optometrist. There, Lisa finds out that she needs new glasses.

Before leaving, Lisa pays for her appointment and her new glasses with **her own credit card**. OHIP does not help cover vision care expenses.

But **Lisa's job provides her with benefits**, so everything she spent for her vision care today will be paid back to her by the private insurance she gets through her job.

In the end, Lisa will have spent \$0 at the optometrist today.



CASE STUDY



Charlotte also needs a new pair of glasses.

Before leaving, Charlotte must pay for her appointment and her new glasses with **her own credit card**. OHIP does not help cover vision care expenses.

But remember that Charlotte recently lost her job, so she is not covered by any private insurance plan anymore. This means Charlotte will not get any money back for these expenses.

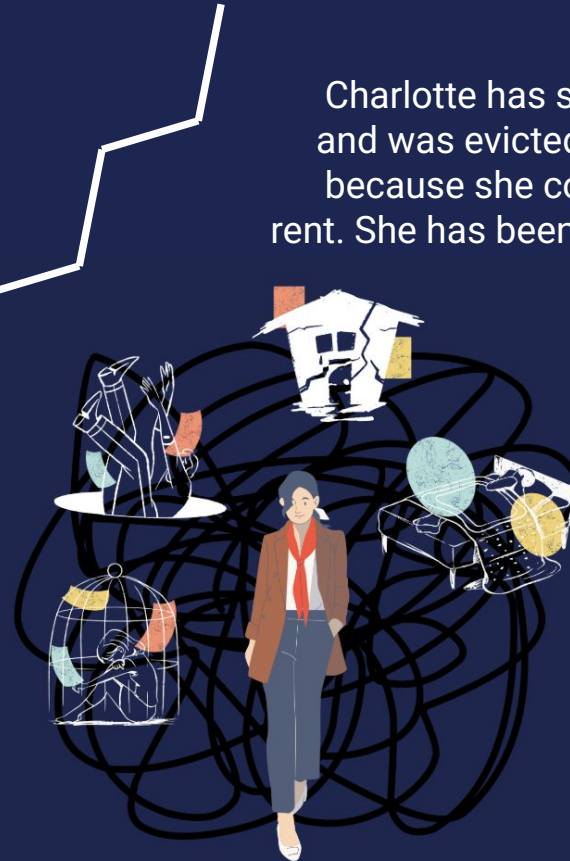
Today, Charlotte's optometry bill included \$100 for her appointment and \$167 for her new glasses, for a total of **\$267**.

CASE STUDY

5 years later...Both Lisa and Charlotte must re-apply for OHIP.



Over the last five years, Lisa has maintained her job and income. She renews her OHIP card easily.



Charlotte has struggled to find a job and was evicted from her apartment because she could not keep up with rent. She has been sleeping in shelters.

Charlotte can no longer prove that she has a home address in Ontario, so she is **denied** her OHIP card renewal.

Without OHIP, Charlotte cannot pay for ANY medical services.

What is Health Equity?

Let's first think about what the difference between equality and equity is.

Equality

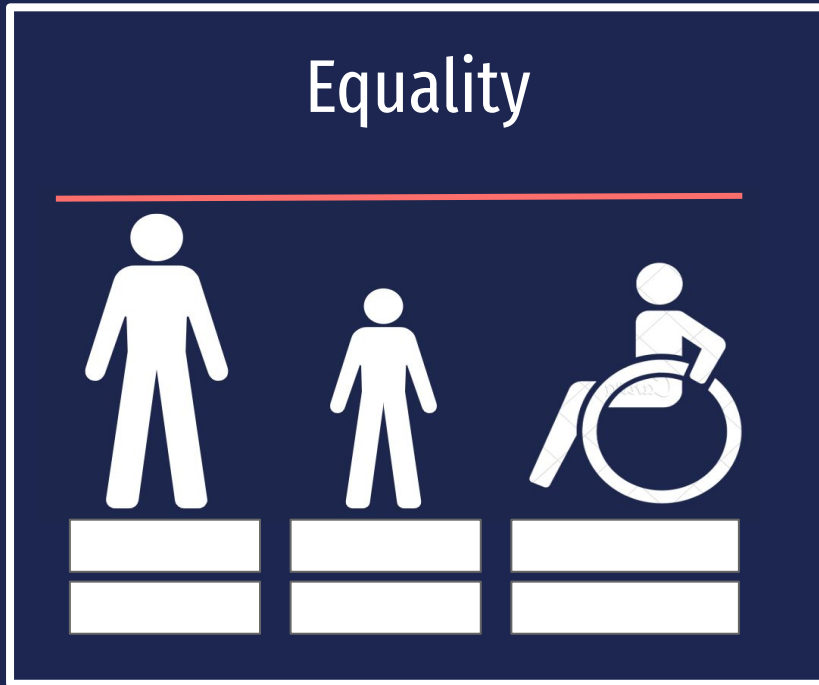


Equity



VS

What is Health Equity?



EQUALITY refers to the idea that everyone should be provided with exactly the same number of resources and opportunities.

This may sound like a good thing, and it certainly can be in many cases! But there are limitations in how different people may or may not be able to use these resources.

For example, in this image, let's assume that each person wants to reach the pink line.

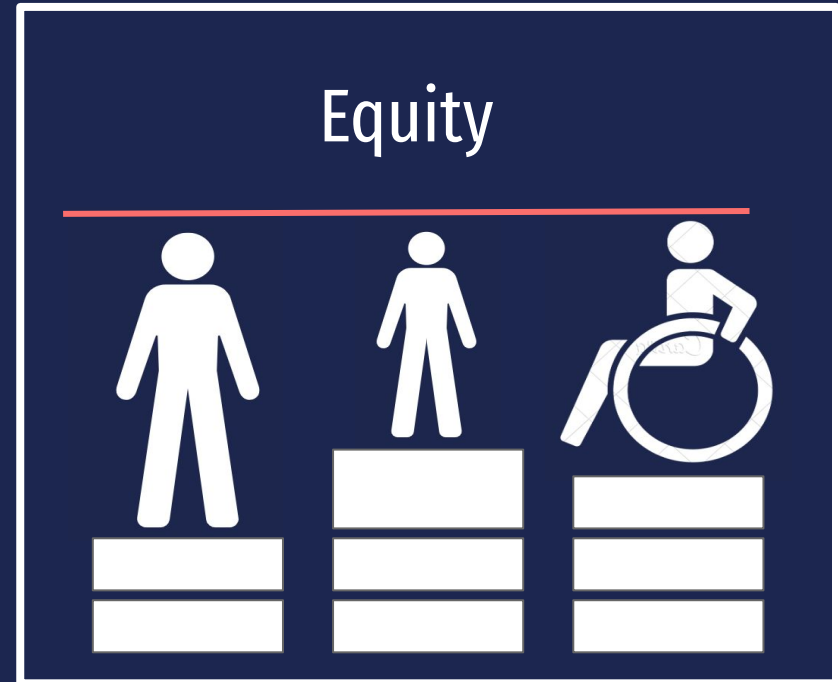
In a system that prioritizes **equality**, each person may be given 2 blocks to stand on. For the adult on the far left, 2 blocks are enough to reach the pink line! But these two blocks do not help the child and the person using the wheelchair reach the pink line.

What is Health Equity?

EQUITY refers to the idea that everyone is provided with enough resources and support so that individuals in all difference circumstances can achieve an equal outcome.

Back to our example with the pink line and the blocks, a solution that emphasizes **equity** would mean distributing however many blocks are needed for all three people to reach the pink line. This way, they can all achieve the same outcome.

It is not the child's fault that he is smaller than an adult. Similarly, the person using the wheelchair should not be at a disadvantage for having a physical disability. Everyone deserves to receive the resources they need to reach the pink line.



What is Health Equity?

If we lived in an *ideal* world, enough resources in our healthcare system (e.g., check-ups, medical exams, lab tests, etc) would be distributed throughout the population so that everyone can achieve the same outcome – good health.

But this is not the case. How do we know? Well, we can tell because there are certain patterns among populations who tend to be sicker.

One example of such a pattern is a **person's income**. On average, people with *lower* incomes are *more likely* to develop health problems and have shorter lifespans. Individuals of lower socioeconomic status may even face medical problems—like heart disease, obesity, diabetes, and cancer —at *earlier* ages than the general population.



Income

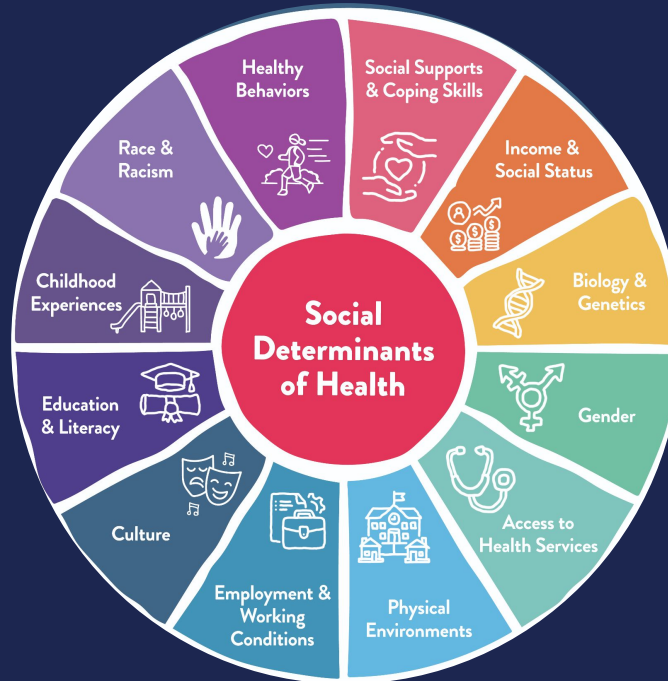


Health

What are the Social Determinants of Health (SDOH)?

The social determinants of health (SDOH) refer to non-medical factors that affect people's overall health. The World Health Organization defines it as **"the conditions in which people are born, grow, live, work and age, and people's access to power, money and resources."**

Here are some important SDOH:



What are the Social Determinants of Health (SDOH)?

SAFE HOUSING is a really important SDOH!

People with poor health can become vulnerable to homelessness if their health problems interfere with their ability to keep a job. And those who are homeless are much more likely to have health problems.

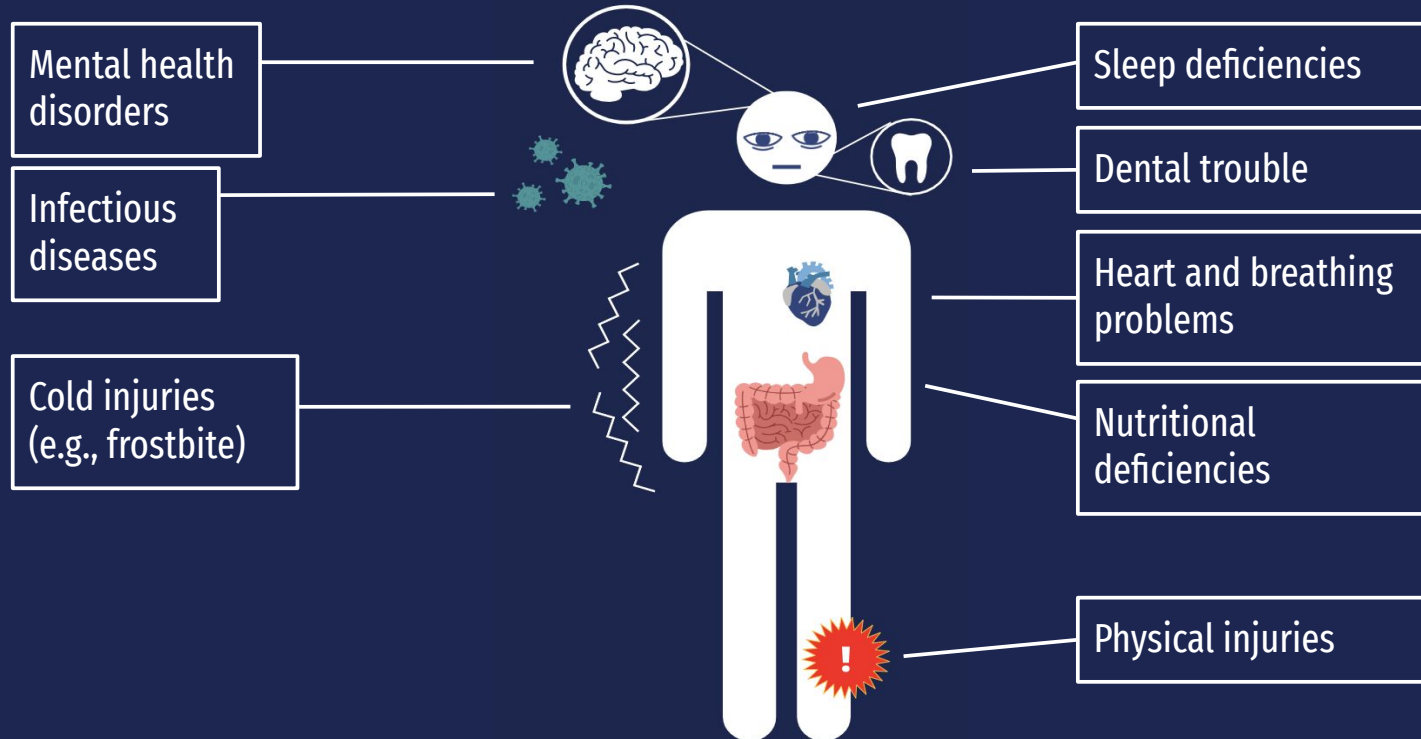
Therefore, homelessness and poor health are said to have a **bidirectional** relationship.

Poor Health ↔ Homelessness



What are some health inequities faced by the homeless population in Canada?

Below are some health problems facing people who are unhoused:



What are some health inequities faced by the homeless population in Canada?

All these health problems are considered **health inequities** because they may not have occurred if people were living in safe, clean, and warm spaces, like a house or an apartment.

And it is often not someone's fault that they cannot afford a safe home in their city. There are many **systemic factors** that prevent people from doing so, including:



What are some health inequities faced by the homeless population in Canada?

These health inequities facing the unhoused population have been well established in global studies.

For example, in 2019 in the United States, it was found that unsheltered people report higher levels of physical health problems, mental health problems, and substance abuse conditions than sheltered people.

Physical health problems affect:

- **84%** of unhoused people
- 19% of housed people



Substance use conditions affect:

- **75%** of unhoused people
- 13% of housed people



Mental health problems affect:

- **78%** of unhoused people
- 50% of housed people



Physical + mental + substance use problems together affect:

- **50%** of unhoused people
- 2% of housed people



CASE STUDY



Let's consider Charlotte again.

Charlotte has been sleeping in tents this past winter and spring. Her tent has gotten very wet from the snow and rain, so many of Charlotte's clothes and socks are rarely dry.

Because of this, Charlotte has suffered many painful cuts on her feet, fungal infections between her toes, trench foot, and frostbite. But because of Charlotte's living condition and lack of a job, she has:



- No clean, dry socks to change into
- No money to go to a laundromat to wash and dry her clothes
- No money to buy new socks
- No way to afford a doctor's visit or medications for her wounds
- No idea how to find clinics that offer foot care to people who are unhoused

For Charlotte, dry socks are a matter of health!

CASE STUDY

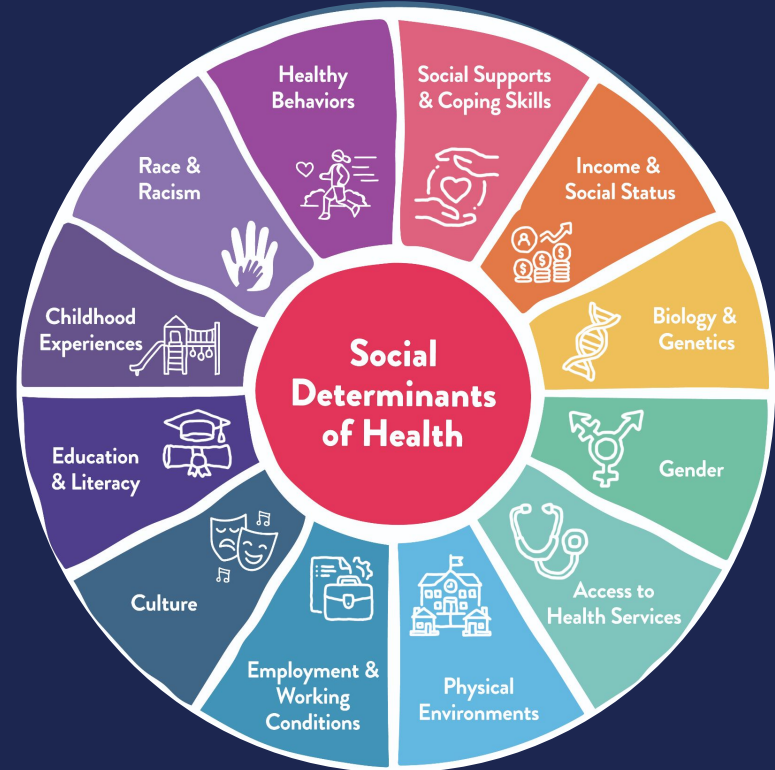
Which social determinants of health apply here?

Physical Environments --- Charlotte doesn't have stable housing.

Income and Social Status ---- Charlotte has no job and no income.

Social supports --- Charlotte used to have some friends she could stay with, but now is living in a tent and lacks many social supports.

Access to health services -- Charlotte doesn't know where to go to find health care she can afford!



Can you think of any others?

CASE STUDY

Housing is health care!

Agency + autonomy in
her health status

A safe and stable
environment

Greater social inclusion

No stress/anxiety
related to the rigors of
being on the streets

**What would housing
mean to Charlotte?**

Warmth, dryness,
protection from weather

Better sleep

A fixed address to help
her apply for OHIP and a
job

A place to store and
preserve food

What are some barriers that prevent those experiencing homelessness from accessing healthcare services?

There are many barriers that make it more difficult for people who are experiencing homelessness to access the care that they need. Let's break these barriers down into 3 categories:

Administrative &
Financial Barriers

Personal
Barriers

Medical-Professional
Barriers

What are some barriers that prevent those experiencing homelessness from accessing healthcare services?

Administrative and Financial Barriers

1 **Many unhoused people do not have an OHIP card** because they have lost it, had it stolen, or could not obtain one in the first place. because they do not have a permanent address and/or supporting ID. Clinics may refuse or restrict services without a valid OHIP card.



2 It is hard to register with a family doctor, receive appointment reminders, or access different care services **without a stable address or phone.**



3 **Non-insured services** (dental care, vision care, medications, etc) are too expensive without income or supplemental coverage through employee benefits.



What are some barriers that prevent those experiencing homelessness from accessing healthcare services?

Personal Barriers

1

Many have experience with judgement, unfair treatment, or stigma when seeking medical help.

Fear and distrust of the system cause many to stay away from healthcare services despite being among those who need help the most.



2

Competing survival needs (shelter, food, safety, employment, childcare, etc) can make seeking healthcare a lower priority and adhering to medical recommendations for physical or mental illness much more difficult.



3

Limited or no access to money for **transit makes attending scheduled appointments** difficult. Some clinics and services are physically inaccessible or located far from where people experiencing homelessness might be staying.



4

Many unhoused individuals face **mental health and substance use disorders**. These can complicate care engagement. Integrated, trauma-informed supportive, rehabilitative, or psychiatric services are often difficult to access or have long wait lines.



What are some barriers that prevent those experiencing homelessness from accessing healthcare services?

Medical-Professional Barriers

1 Some health professionals who assume unhoused patients will not follow through on their recommendations may tend toward **minimalist care**, which is not how they might treat patients who are housed.



2 It is **difficult to know how/where to discharge unhoused patients safely from hospital**, with many patients going into settings without the right resources for proper recovery. This can lead to prolonged health problems and higher rates of readmittance.

3 People without stable housing often **lack a primary care provider, leading to fragmented care with poor continuity**. This means that medical issues are often not caught early and then lead to emergency department visits or hospitalizations when they worsen. This increases patient morbidity and healthcare costs.



What does homelessness currently cost Canada's healthcare system?

According to the **Canadian Institute of Health Information**: Patients experiencing homelessness stay in hospital **twice as long**, with **double the costs**, compared with the national average.



What can be done to promote health equity for the homeless population?

Solutions should be developed with these ideas in mind:

- ✓ **Address the homeless community's unmet needs for food, clothing, shelter, permanent housing, and bathroom facilities.**
- ✓ **Create walk-in clinics in the community where they can be easily accessed by our unhoused neighbours.**
- ✓ **Teach medical professionals about trauma-informed care.**
- ✓ **Raise awareness about health inequities facing homeless communities in Ontario to reduce stigmas!**
- ✓ **Increase accessibility to mental health and addictions supports!**

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