

# **Northern Homelessness: Exploring Areas for Public Health Interventions**



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# Housing is a key determinant of health

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- ❑ Shelter is a basic human need.
- ❑ Negative impacts of poor housing on health appear self-evident.
- ❑ Research has shown links between homelessness or poor housing and health outcomes.
- ❑ Yet there has been little research on the housing circumstances of poor and homeless people in northern Ontario communities.

# Goals of the study

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- ❑ To explore the perceptions of poor and homeless people on their housing context in relation to their health.
- ❑ To compare housing circumstances with the published literature on housing and health.
- ❑ To formulate recommendations for public health staff engaged in work with homeless clients:
  - Build on existing strategies for addressing the complex needs of this vulnerable group.

# Approach to the study: use of photovoice methodology

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- 13 participant photographers described their circumstances and experiences:
  - 7 men and 6 women, 28-55 yrs of age
  - varied housing circumstances
  - Summer 2007
- Two follow-up focus groups (14 participants):
  - Men's perspectives
  - Women's perspectives
- A discussion group with service providers to discuss recommendations (nine participants, including SDHU sexual health staff and health inspectors).

# Results: (I) Most vulnerable group, persons who are homeless & “roofless”

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## □ Key themes:

- Searching for a place to stay warm and dry:
  - Affects quality of sleep/ability to sleep.
- Searching for food and water:
  - “Starving” and “dumpster diving”.
- Struggling with addictions.
- Feeling powerless.
- Exposure to violence.
- Needing to seek and ask for services in order to meet basic needs.
- Vulnerability to illness and shorter life expectancy.
- Impacts on both physical and mental health.



**Participant concerns:**  
affordable housing



**Participant concerns:** homelessness and sleeping rough

# Participant concerns: food insecurity



**(II) Housing  
circumstances for those  
at risk of homelessness**

# Participant concerns: sanitation

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“I wish a picture could capture the scents — it really stinks of urine. You can smell it. It’s from the [shared] bathroom. It’s unbelievable.”



# Participant concerns: infestations

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- ❑ Cockroaches
- ❑ Earwigs
- ❑ Spiders
- ❑ Rats
- ❑ Mice
- ❑ Raccoons

# Safety issues



“[The door] had a door handle on it but now it’s gone. I don’t have one anymore.”

## Participant concerns: safety

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- ❑ "The back window's broken. Anyone on the outside could just get right in."
- ❑ "I just don't feel safe there... constantly concerned about my safety."
- ❑ "... sleep with a weapon, something. You got to so can grab you know."

**Participant concerns:** water damage, moisture problems, mould, improper wiring



# Participant concerns: unresponsive landlords

- ❑ Rental housing was generally in poor repair. Landlords were seen as taking advantage of tenants.
- ❑ “The landlord knows who they can mess with, who they can play games with. Since these people took the building over, it just falling down.”



# Housing affects physical health

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- Mould or mildew, poor ventilation, poor air quality, smells and second-hand smoke:
  - Allergens and irritants.
  - Lung function, respiratory disease, asthma, coughing, wheezing.
- Noise, overcrowding:
  - Lack of sleep.

# Housing affects physical health

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- Unsafe structures such as steep stairs, no railings, absence of lighting:
  - Injuries:
    - Falls.
    - Accidents.

# Housing affects physical health

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- Unsafe wiring and absence of smoke alarms, emergency exits:
  - Fire hazards pose risks to health.
- Absence of functioning bathroom facilities:
  - Aches and pains.
  - Personal hygiene.
    - "... there's no bath so I'm having a hard time just standing cause I have osteoporosis and I find I need to have a bath tub [not a shower]."

# Housing affects physical health

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- Absence of central heating and insulation, use of cooking stoves for heat:
  - Exposure to cold and damp:
    - Respiratory functioning.

# Housing affects mental health

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- Poor housing conditions lead to:
  - Shame.
  - Depression.
  - Loneliness.
  - Attempted suicide.
  - “It is really hard especially when you’re a person whose got a problem yourself”.

# Housing affects social support and relationships

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- ❑ Poor housing conditions lead to:
  - ❑ Social isolation:
    - “Nobody’s allowed in the house. I’m not allowed to have visitors at all.”
    - “I just go hide in my room, isolate myself”
  - ❑ Stress:
    - “... because its stressful on all of us. There is more arguing.”

# Summary of our study findings in relation to the literature

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- Our results are consistent with a review of published literature by Shaw (2004).
- All material aspects of housing known to impact on health, identified by Shaw, were described by our participants in photos, interviews and focus groups.
- Housing conditions of poor and homeless people in Sudbury are similar to those of Aboriginal people in Australia (Baile & Wayte, 2006).

# Implications for public health

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- Housing is an important social determinant of health:
  - Impacts on health in a direct, material sense.
  - Is a central aspect of the association between *poverty* and health.
  - International research is showing that poor housing in childhood is related to health impacts over the lifecourse.
  - Shaw (2004) argued that poor housing affects health in numerous, relatively minor ways that have cumulative impacts.

# Implications for public health

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- Need for more research on the size of health gains of improved housing.
- Housing policy and strategies:
  - Increasing the availability of affordable housing.
  - Services to link people to appropriate housing.
  - Housing improvements:
    - Central heating.
    - Refurbishment.

# Implications for public health

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- Public health inspectors:
  - List inspected lodging and rooming houses.
  - Share information on housing requirements.
  - Work with landlords to improve housing.
  - Share information on local by-laws and housing standards.

# Implications for public health

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## □ Public health nurses:

- Collaboration with housing service providers to connect clients to services.
- Share plain language information on housing rights:
  - Development and distribution of a booklet on rights.
- Ongoing work on harm reduction
- Ongoing advocacy

# Conclusions

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- ❑ Participants shared their experiences and recommendations to improve housing and health.
- ❑ Providers shared new ideas about areas for policy work, advocacy, and collaboration to connect vulnerable groups to safe, secure, affordable housing.

# Future directions

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- ❑ Disseminate concrete tools for public health staff and community service providers.
- ❑ Continue to connect clients to housing as a priority.
- ❑ Carry recommendations forward to local and provincial governments, policy-makers and funders to establish new supports.

# References

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