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Housing and Health: A Conversation with Dr. Sandy Buchman

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This paper is a summary of the session, ''Housing and Health: A Conversation with Dr. Sandy Buchman'' which took place virtually during the Canadian Housing and Renewal Association's Congress on April 28th, 2021.

This session explored how the COVID-19 pandemic has shone a bright light on a dark issue: that many of our most vulnerable neighbours do not have access to safe, affordable, and accessible housing. It also examined how the pandemic has intensified gaps and inequities in housing and health outcomes, with disproportionate impact on racialized and marginalized populations.

As an academic, medical practitioner, and advocate with significant experience working with vulnerable groups, Dr. Sandy Buchman challenged the audience to reconsider how we can work together across professions to break down barriers. Margaret Pfoh, Chief Executive Officer of Aboriginal Housing Management Association, guided the discussion to further unpack the relationship between housing and health.

Introduction

Dr. Sandy Buchman has been practicing family medicine for over thirty-seven years, with a special interest in palliative care. In addition to being a medical practitioner, Dr. Buchman is an associate professor for the University of Toronto and McMaster University, as well as the current Past President of the Canadian Medical Association. He spoke from his experience caring for patients at the end of their life, and the many barriers that some patients face, particularly those experiencing homelessness. He also provided evidence of how Canadian social and health care systems often reinforce barriers that prevent care for those that need it the most; simply accessing care for specific populations is a significant challenge in Canada.

What makes Canadians sick?

Research has shown that healthcare, biology and environment have little impact on Canadians' health. But rather, health is largely determined by social factors such as income, childhood development, gender, employment or working conditions, race, housing and homelessness, and food insecurity.[1]

These social determinants directly impact health outcomes and can increase risks of health complications, diseases, or sickness.[2] Health care practitioners have begun to mobilize methods of care that address these structural factors; it is widely known now that addressing social determinants will help break down barriers and increase health equity in our communities, particularly for those that need it the most.

Homelessness has wide-reaching and dramatic effects on people's health. The life expectancy of someone living on the street is 34 to 47 years of age, while the general population's lifespan is approximately 80 years.[3] Homelessness can increase people's risk of contracting or developing hepatitis, epilepsy, heart disease, and cancer.[4] Precarious housing or experiencing homelessness also increases a person's likelihood of being admitted to hospital or accessing emergency services. Inadequate access to healthcare for chronic or underlying medical conditions can also lead to homelessness.[5] The relationship between health and housing is also complex, as health can also affect housing; some poor health conditions can contribute to homelessness, influencing the onset of homelessness, or worsen housing circumstances.[6]

Dr. Buchman introduced two concepts that help healthcare practitioners address these social aspects of health: structural vulnerability and double vulnerability. Structural vulnerability refers to the hierarchical social order and power dynamics at play in our society that exacerbate poor health outcomes.[7] For example, it is very difficult, or nearly impossible to see a doctor in Ontario without an address or health card. Double vulnerability is a concept to describe how two parts of a person's life interact and negatively impact their health. This is very similar to the term, "intersectionality", coined by Dr. Kimberle Crenshaw, which describes how overlapping and interdependent systems of discrimination affect people, or groups of people.[8] For example, a person with cancer who is also experiencing homelessness could face more barriers to accessing healthcare than the general population.

Indigenous people often experience racism and sexism when interacting with the healthcare system. A tragic and fatal example of this was most recently reported in Quebec when Joyce Echaquan, an

1   Public Health Agency of Canada, "Key Health Inequalities in Canada", (2016).
2   Tiina Podymow, et al. "Shelter-based palliative care for the homeless terminally ill," (2006).
3   Stephen W. Hwang et al., "Mortality among residents of shelters, rooming houses, and hotels in Canada: 11-year follow-up study," BMJ 2009: 339.
4   Erin Berenbaum. "Evidence Brief: Homelessness and Health Outcomes: What are the associations?" (2019).
5   Ibid.
6   C James Frankish et al.," Homelessness and health in Canada: research lessons and priorities," Can J Public Health. 2005;96 Suppl 2: S23-9.
7   Ryan McNeil et al. 2017, "Negotiating structural vulnerability following regulatory changes to a provincial methadone program in Vancouver, Canada: A qualitative study," Soc Sci Med. 2015 May, no. 133:168-76.
8   Kimberle Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics and Violence against Women of Color," Stanford Law Review 43, no. 6 (1991): 1241-1299.

Indigenous woman, faced verbal harassment from hospital staff as she lay dying; she did not receive the care she needed.[9] Dr. Buchman challenged the audience to not underestimate the structural vulnerabilities that we have created in our society, and consider how we can shed light on the structural inequities that our health and social systems create, so we can work together to remove these barriers.

Not all people experiencing homelessness are the same

Dr. Buchman reminded us that not all people experiencing homelessness are the same. Homelessness is a continuum of circumstances spanning from living on the streets to being vulnerably housed: staying in emergency shelters, living temporarily with friends, or in motels or rooming houses.[10] Those who are vulnerably housed have similar health outcomes to those that are experiencing homelessness.[11]

Life on the street makes the healthy sick, and the sick, sicker. Dr. Buchman referenced the story reported in Ottawa in February 2021, of two women who work in long-term care on the front lines of the pandemic, but were living in shelters because they could not afford to live in rental housing.[12] This led to a COVID-19 outbreak at a shelter in Ottawa. Safe and affordable housing is important for health and well-being, regardless of individual circumstances.

COVID-19 Pandemic and the Opioid Overdose Crisis

Both the COVID-19 pandemic and the opioid overdose crisis have disproportionately affected people who are experiencing homelessness; these two crises have had a compounding effect since the pandemic began in Canada. During the pandemic, closures of key social services caused increased opioid use, hospitalizations, infections associated with unsafe drug use, and deaths.[13] A recent study evaluating the impacts of the pandemic in Canada compared the health outcomes of people experiencing homelessness to those that are adequately housed. People experiencing homelessness were:[14]

- 3.6 times more likely to have a positive COVID test result;
- 20 times more likely to be admitted to hospital for COVID-19;
- 10 times more likely to require ICU care for COVID-19; and
- 5 times more likely to die within 21 days of their first positive test result.

These statistics show that people experiencing homelessness are significantly more vulnerable to contracting and experiencing severe symptoms of COVID-19. The public health recommendation to physically distance is almost impossible for the homeless or precariously housed to meet, and there is often more general distrust of the health care system. Over the past year, there have been some positive signs of the healthcare system adapting to these vulnerable populations. For example, early in the pandemic there were no facilities available for people experiencing homelessness to isolate while awaiting test results. Later, some health regions began to temporarily house these vulnerable individuals in hotel rooms to limit the spread of COVID-19.

Integrating Systems of Care

While the healthcare system was slow to adapt to the needs of people experiencing homelessness, many shelters also lacked adequate health and public health services. Dr. Buchman encouraged the audience to

9   Melissa Godin, ''She Was Racially Abused by Hospital Staff as She Lay Dying. Now a Canadian Indigenous Woman's Death Is Forcing a Reckoning on Racism.'' Time Magazine, October 9, 2020, https://time.com/5898422/joyce-echaquan-indigenous-protests-canada/

10   Stephen Gaetz et al. ''Canadian Definition of Homelessness,'' Canadian Observatory on Homelessness Press, (2012).

11   Stephen W. Hwang, et al. ''The health and housing in transition study: a longitudinal study of the health of homeless and vulnerably housed adults in three Canadian cities,'' Int J Public Health 56 (2011): 609–623.

12   Julie Gordon and Anna Mehler Paperny. ''On the brink: Canada care workers struggle to make ends meet in pandemic.'' February 3, 2021. https://www.reuters.com/article/us-health-coronavirus-canada-homeless-idUSKBN2A31OD

13   Melissa Perri, et al. ''COVID-19 and people experiencing homelessness: challenges and mitigation strategies,'' CMAJ 192(26) (2020).

14   Lucie Richard et al., ''Testing, Infection and Complication Rates of COVID-19 among People with a Recent History of Homelessness in Ontario, Canada: a Retrospective Cohort Study.'' CMAJ Open 9, no. 1 (2021).

consider how we can adjust and integrate systems of care, so that core structural inequities are limited, and do not result in disenfranchisement.

Effectively integrating systems of care requires better awareness of how Indigenous homelessness is rooted in the ongoing impacts of colonization and racism, whereby generations of Indigenous peoples have been displaced from their homes, cultures, communities, and land. To address these histories of harm and trauma, Indigenous leaders have been calling for cultural safety components of supportive housing to be "for Indigenous, by Indigenous." Agencies that run supportive housing often do not have the lived experience to provide services that Indigenous residents need. A fatal example of this was recently reported in Smithers B.C., where six Indigenous residents at a supportive housing facility have died over the past 12 months.[15] Both the local Friendship Centre and the B.C. Association of Aboriginal Friendship Centres attribute the deaths to the lack of culturally safe services for Indigenous residents. Many feel that now is a good time to make meaningful changes on how we serve and support people experiencing homelessness.[16]

Ten Promising Practices

Dr. Buchman and his colleague Dr. Naheed Dasani have identified ten promising practices to address health inequities of those experiencing homelessness.

1. **Derive equity by design**. Remove systemic barriers so all can access services.
2. **Screen for the social determinants of health**. Healthcare practitioners often screen for factors that will affect a persons' health outcomes like smoking, yet we do not screen for poverty, or social factors. Doing this could improve health outcomes even more.
3. **Address the social determinants of health**. Empower healthcare practitioners to intervene, and help patients connect with other services they may need such as income supplements, or community programs.
4. **Integrate social and health services**. Commit to addressing people's needs by being more holistic with referrals and sharing data and information. This could be done by using more inter-professional, non-hierarchical teams.
5. **Adopt harm reduction approaches**. Healthcare practitioners can seek to reduce adverse consequences without demanding that the source of harm completely stop. This approach can be used beyond addressing substance abuse.
6. **Meet people where they are**. Respect people's definition of what they call home. Address the needs people identify for themselves.
7. **Prioritize dignity**. Centre relationships and trust, as to not make assumptions about people's past experiences or needs.
8. **Recognize and foster the chosen and/or street family**. Foster and respect relationships.
9. **Inclusion of health at the core of healthcare and education**. Harness more perspectives that aim to prevent and redress health and social inequities among the most vulnerable and excluded populations.
10. **Employ holistic models of care**. Go beyond physical needs and work across disciplines to provide the best care possible.

Conclusion

Homelessness is a social problem that has very real, and detrimental impacts on people's health. The homelessness population is growing in size and need,[17] and a holistic approach is necessary to address

15   CBC News. "First Nations leaders urge B.C. Housing to investigate Indigenous deaths as supportive housing." April 23, 2021. https://www.cbc.ca/news/canada/british-columbia/indigenous-deaths-smithers-goodacre-place-bc-housing-1.6000528

16   Stefan Baral et al. "Seeking Shelter: Homelessness and COVID-19," RSC Policy Briefing (2021). https://rsc-src.ca/en/re-search-and-reports/covid-19-policy-briefing/homelessness/seeking-shelter-homelessness-and-covid-19

17   Stephenson Strobel et al. "Characterizing people experiencing homelessness and trends in homelessness using popula-tion-level emergency department visit data in Ontario, Canada," (2021). https://www.doi.org/10.25318/82-003-

health and housing inequities in Canada.

As affordable housing needs have intensified through the COVID-19 pandemic, it is an opportune time to address the systemic roots of colonization, racism in our society, and seek to build better health and housing systems. Because social determinants of health play such an important part in the everyday lives of Canadians, it is incumbent on healthcare practitioners and housing providers to continue to re-evaluate our social and healthcare systems so we can reduce barriers and have a healthier and more equitable society.

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