NEW EVIDENCE SHOWS PEOPLE FACING HOMELESSNESS URGENTLY NEED ACCESS TO DENTAL CARE


Issue: Ontario’s patchwork of public dental programs leaves many without care. In particular, thousands of adults living on low incomes cannot afford a visit to a dentist, which can harm their physical and emotional wellbeing and ability to get work. Organizations across the health and social sectors are calling for unified oral health services so that everyone, at every income level, has access to quality dental care. To learn more and get involved, visit www.oaphd.on.ca

What we did: Men and women who are homeless can face the greatest barriers to dental care and suffer the worst consequences. To clinically document the extent of this need, we assessed the oral health of one hundred and nine people at eight Toronto shelters, in a cross-sectional survey that involved an interview plus a clinical exam in a portable dentist chair. The average participant was ninety-three years old and had been homeless for four years. This is the first peer-reviewed dental health survey of adults facing homelessness in Toronto.

Findings:
- 97% of people surveyed in Toronto shelters needed dental treatment compared to 34% in the general Canadian population.
- 40% needed emergency dental treatment.
- 35% had avoided eating due to mouth problems.
- 32% said they experienced tooth pain over the last month. Of these, 75% did not receive care.
- 35% had not seen a dentist in four years or more.
- 70% had no insurance coverage for dental care.
- Oral health was markedly worse for people who were homeless or unemployed for longer than one year.
- People were often unaware of their own dental problems. While 20% said they had no dental problems, only 3% were found to be problem-free during an oral exam.

Contact: Rafael.Figueiredo@dentistry.utoronto.ca

APPLYING AN ANTI-RACIST, ANTI-OppRESSION APPROACH TO COMMUNITY PROGRAMS


Issue: Racism and cultural-linguistic isolation can be barriers to recovery for people from ethno-racial groups who are facing both homelessness and mental illness.

What we did: We partnered with Across Boundaries (an ethno-racial mental health centre) to create an anti-racist, anti-oppression (AR/AO) adaptation of the Housing First supportive housing program in Toronto. As part of the evaluation process, we developed a checklist to assess an agency’s capacity to deliver programs from an AR/AO framework.

Characteristics of anti-racist, anti-oppression programs: The main principles of AR/AO service delivery are empowerment, education, alliance building, language use, alternative healing strategies, advocacy, social justice/activism and fostering reflexivity. Agencies should:
- Have a formal commitment to AR/AO.
- Provide and require staff training on AR/AO.
- Have staff representative of communities served.
- Make sure staff and client voices are heard when it comes to program design.
- Have an effective formal discrimination complaints mechanism in place.
- Promote advocacy activities that serve the interests of racialized program participants.
- Put AR/AO into practice at the service level.
- Work holistically by exploring client views of wellness and illness; engaging families (where appropriate) and making referrals to social and cultural resources.
- Support access to alternative treatments.

Contact: Vicky Stergiopoulos (stergiopoulosv@smh.ca)
PEOPLE FACING HOMELESSNESS ARE AT HIGHER RISK OF TRAUMATIC BRAIN INJURY


**Issue:** Traumatic Brain Injury (TBI) is caused by a blow to the head that disrupts brain functioning, and often occurs in young people. It can result in long-term physical and cognitive disabilities and behavioural changes that can put relationships at risk and lead to job loss. Although a 2008 study found that over half the people surveyed in Toronto's homeless shelters and meal programs had a history of TBI, these injuries often go unrecognized and unaddressed.

**What we did:** We searched for all research on TBI and homelessness and reviewed the quality of the evidence. Worldwide, we found only eight peer-reviewed studies.

**What we found in the TBI research:**
- People who are homeless are at much higher risk of TBI compared to the general population.
- Among people who were homeless with a history of TBI, 70 - 90% experienced their first TBI before they became homeless, and most were first injured as teenagers.
- Among people who were homeless with a history of TBI, about 60% had multiple head injuries, which can have cumulative effects on cognitive functioning.
- TBI was associated with seizures, drug use and poorer physical and mental health.
- TBI is largely undocumented among children and youth who are homeless and people who are homeless do not use the shelter system.
- There is little qualitative research describing the personal experience of being homeless and having TBI.
- We found no research on how service providers who work with people who are homeless address TBI.
- We need much more research on TBI and vulnerable groups to design supports for people who have been hurt, and to help prevent further injuries.

**Contact:** Jane Topolovec-Vranic (topolovec-vranicj@smh.ca)

HOW HOSPITALS CAN HELP REDUCE HOMELESSNESS USING ON-SITE REFERRAL SUPPORTS


**Issue:** Hospital readmission and repeat Emergency Department use by people facing mental illness is a major challenge for both clients and health care providers in Ontario. Having a healthy place to live and access to a stable income lessens the likelihood that someone will need to be readmitted to a psychiatric facility.

**What we did:** We designed, implemented and evaluated a pilot involving one acute care hospital, one tertiary care hospital (where people receive longer-term care), the Canadian Mental Health Association, and Ontario Works in London, Ontario. The project gave 251 psychiatric in-patients the opportunity to meet with community workers for referrals to income support programs and housing options prior to discharge from the hospital. All psychiatric in-patients in London who were at risk of being discharged to shelters or no fixed address were eligible to participate.

**Findings:**
- Addressing the issue of housing had a positive effect on clinical outcomes—people were no longer distracted by the need to find housing and could focus on treatment.
- Some people felt empowered by the ability to access drop-in appointments rather than having to wait for clinical staff to broker next steps.
- Having services on-site decreased barriers for people who would have challenges going out on their own to access services or were too ill to leave the hospital.
- Some people required additional supports—like help negotiating with landlords—and information about resources like legal services and food banks.
- Pre-discharge referral services can't address systemic barriers like long waiting lists for subsidized housing and a lack of start-up funds.

**Contact:** Cheryl Forchuk (cforchuk@uwo.ca)