

## IN THIS ISSUE:

- A new approach to supporting Toronto's most vulnerable homeless people - with encouraging results.
- Immigrants of South Asian and African descent are extremely vulnerable to diabetes.
- There are serious gaps in Canada's Aboriginal health data.
- New CRICH tool: a web site that everyone can use to get detailed health information on every Toronto community.

### Addressing the needs of the street homeless: a collaborative approach.

Stergiopoulos V, Dewa CS, Tanner G, Chau N, Pett M, Connelly JL. *Int J Ment Health*. 2010 Spring;39(1):3-16.

#### CRICH STUDY CONTACT:

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#### BACKGROUND:

Toronto's Multidisciplinary Outreach Team (MDOT) provides support and service coordination to homeless clients who sleep on the street. MDOT is unique in Canada - it provides:

- **Specialized, multidisciplinary care.** Team members include psychiatrists, case managers (nursing, housing, and street outreach), and a concurrent disorders specialist.
- **Streamlined referrals, made possible through formalized collaborations and service agreements between agencies in different sectors.** These partnerships pool organizational resources and help improve clients' access to a continuum of health, housing, and income supports.

#### FOCUS OF THE STUDY:

Our goal was to evaluate whether MDOT is effective in meeting clients' housing and treatment needs. We interviewed the program's first 25 clients.

#### KEY FINDINGS:

**Clinically-driven, coordinated outreach programs can improve outcomes for homeless people who have complex service needs but don't regularly use shelters or health care.**

We compared clients' status before and after intake to MDOT. After 6 months:

- **50% fewer clients were sleeping on the street** (32% slept outside, compared to 84% at intake).
- **Three-quarters of the clients who had preferred living rough changed their minds** - they didn't want to sleep on the street anymore (9% preferred sleeping outside, compared to 33% at intake).
- **Many clients experienced significant improvements in social and occupational functioning.**

#### IMPLICATIONS FOR POLICY AND PRACTICE:

**Formalized partnerships and interagency collaboration can be valuable resources for improving the lives of homeless clients.**

### Age- and sex-related prevalence of diabetes mellitus among immigrants to Ontario, Canada.

Creatore MI, Moineddin R, Booth G, Manuel DH, DesMeules M, McDermott S, Glazier RH. *CMAJ*. 2010 May 18;182(8):781-9.

#### CRICH STUDY CONTACT:

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#### BACKGROUND:

**This study is the first detailed description of risk for diabetes by age and sex among immigrants to Western countries.**

#### FOCUS OF THE STUDY:

We analyzed administrative health and immigration records for over 1 million people who had immigrated to Ontario in the past 20 years.

#### KEY FINDINGS:

- **Immigrants had higher diabetes rates than long-term residents.** The disparity was bigger for women than for men.
- Among long-term residents, men had higher rates than women. **But in most immigrant groups, women's diabetes rates were equal to, or higher than men's.**
- **Diabetes risk was unequal across ethnic immigrant groups.** Compared to Western European immigrants, **Latin Americans & Caribbeans** and **Sub-Saharan Africans** faced double the risk, and **South Asians** faced triple the risk of diabetes.
- Ethnic disparities in diabetes risk appeared early (as early as age 35 for South Asians) and persisted over time.
- Having less than a high school diploma was linked to higher diabetes rates in immigrant women, but not in men.

#### IMPLICATIONS FOR POLICY AND PRACTICE:

**These findings show that immigrant women are particularly vulnerable to diabetes.** It confirms the established need for culturally relevant diabetes screening and prevention programs, **particularly for people of South Asian and African ethnicity.** But it also shows that acculturation (e.g. adopting a "Westernized" diet and lifestyle) can worsen, but does not explain diabetes risk.

**This research highlights the importance of using ethnicity data in population health planning.**

To subscribe to CRICH Research Flash, contact Emily Holton at [holtone@smh.ca](mailto:holtone@smh.ca).

The Centre for Research on Inner City Health (CRICH) is part of the Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael's Hospital. Our mission is to reduce health inequities through innovative research that supports social change.

[www.crich.ca](http://www.crich.ca)

## Health systems performance measurement systems in Canada: how well do they perform in First Nations, Inuit and Métis contexts?

Anderson MJ, Smylie JK. Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health. 7(1)2009: 99-115.

### CRICH STUDY CONTACT:

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### BACKGROUND:

- **Striking and persistent health inequities exist between Canada's Aboriginal Peoples and non-Aboriginal groups.**
- Canada's health measurement systems contribute to health planning by identifying what kind of health services are needed, and where.

### FOCUS OF THE STUDY:

We assessed Canada's current health measurement systems at the national, regional, and community levels to find out how well they perform for First Nations, Inuit, and Métis people in Canada. We collected data through interviews with 11 key informants, and through systematic literature review.

### KEY FINDINGS:

**There are serious gaps in Canada's Aboriginal health data.**

These gaps are the result of:

- **A failure to recognize urban and nonregistered Aboriginal Peoples.** Most available data was for registered First Nations people living on reserve, but this group only represents one-quarter of Canada's Aboriginal population.
- **A lack of systematic, appropriate, and consistent ethnic identification in health care data sets** (such as national cancer registries). Most data sets either group all Aboriginal people together, or focus only on First Nations people.
- **A failure to incorporate Aboriginal conceptualizations of health.** Only rarely in the literature was a mention made of the involvement of Aboriginal communities in defining, collecting, or analyzing health indicators.
- **A failure to return health data to Aboriginal communities,** to inform their health planning.

### IMPLICATIONS FOR POLICY AND PRACTICE:

- A more appropriate health measurement system for Aboriginal Peoples would include an increased focus on wellness, traditional elements (e.g. use of traditional medicines), and using frameworks familiar to Aboriginal Peoples (e.g. Medicine Wheel or Métis Infinity Symbol).
- A lack of opportunity to self-identify as First Nations, Métis, or Inuit when encountering the health care system leads to the generation of databases without ethnic flags, making it difficult or impossible to calculate health outcomes or disease rates.
- Processes driven by communities that build their capacity to define, collect, analyze, and respond to health information are recommended.

## The Toronto Community Health Profiles Partnership:

*A web site featuring detailed health information on every Toronto community.*

HEALTH  
PLANNING TOOL

### CRICH STUDY CONTACT:

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### BACKGROUND:

In order to address health inequities, communities and health planners need access to information on local residents' health and demographic, social, and cultural determinants of health.

### THE INITIATIVE:

The Toronto Community Health Profiles Partnership is an open-access web site that makes detailed, area-level health data available to everyone. **Our goal is to support action to reduce health inequities in Toronto.**

The site features:

- Detailed health profiles of every Toronto neighbourhood, community planning area, or Local Health Integration Network sub-area (sub-LHIN).
- Thematic maps that compare neighbourhood data on health indicators and determinants of health, such as:
  - Grocery stores per capita
  - Percentage of babies born with low birth weight
  - Percentage of adults living with specific chronic diseases (e.g. diabetes).

### WHO DEVELOPED THE SITE?

- Centre for Research on Inner City Health (CRICH)
- Toronto Public Health
- Wellesley Institute
- SouthEast Toronto Project (SETo)
- Access Alliance Multicultural Health and Community Services

### CRICH'S ROLE:

We host and manage the site, and generate all maps and tables.

### WHAT'S HAPPENING RIGHT NOW:

**We're "refreshing" the site with the newest available information** from the 2006 Census, OHIP Physician Billing and Provincial Health Planning Databases, Vital Statistics, and Toronto Public Health. We've also added important new health equity measures.

**Our official launch will take place in September 2010,** when we'll begin offering workshops on using health data for effective health service planning. Watch our site for updates and upcoming events.

**To check out your community's health profile and the new maps, visit [www.torontohealthprofiles.ca](http://www.torontohealthprofiles.ca)**