



407 Healthy Housing, Healthy People

Mike O'Shea – North East Local Health Integration Network (LHIN)

Housing a Social Determinant of Health

- The relationship between housing and health is well known, but the provincial health and housing systems don't always work well together to achieve successful outcomes.
- To improve this dynamic, the North East LHIN one of the largest in Ontario, has consulted health and housing stakeholders, the community sector and northerners to develop an innovative health and housing strategy for northeastern Ontario.

North East LHIN Region

Dispersed

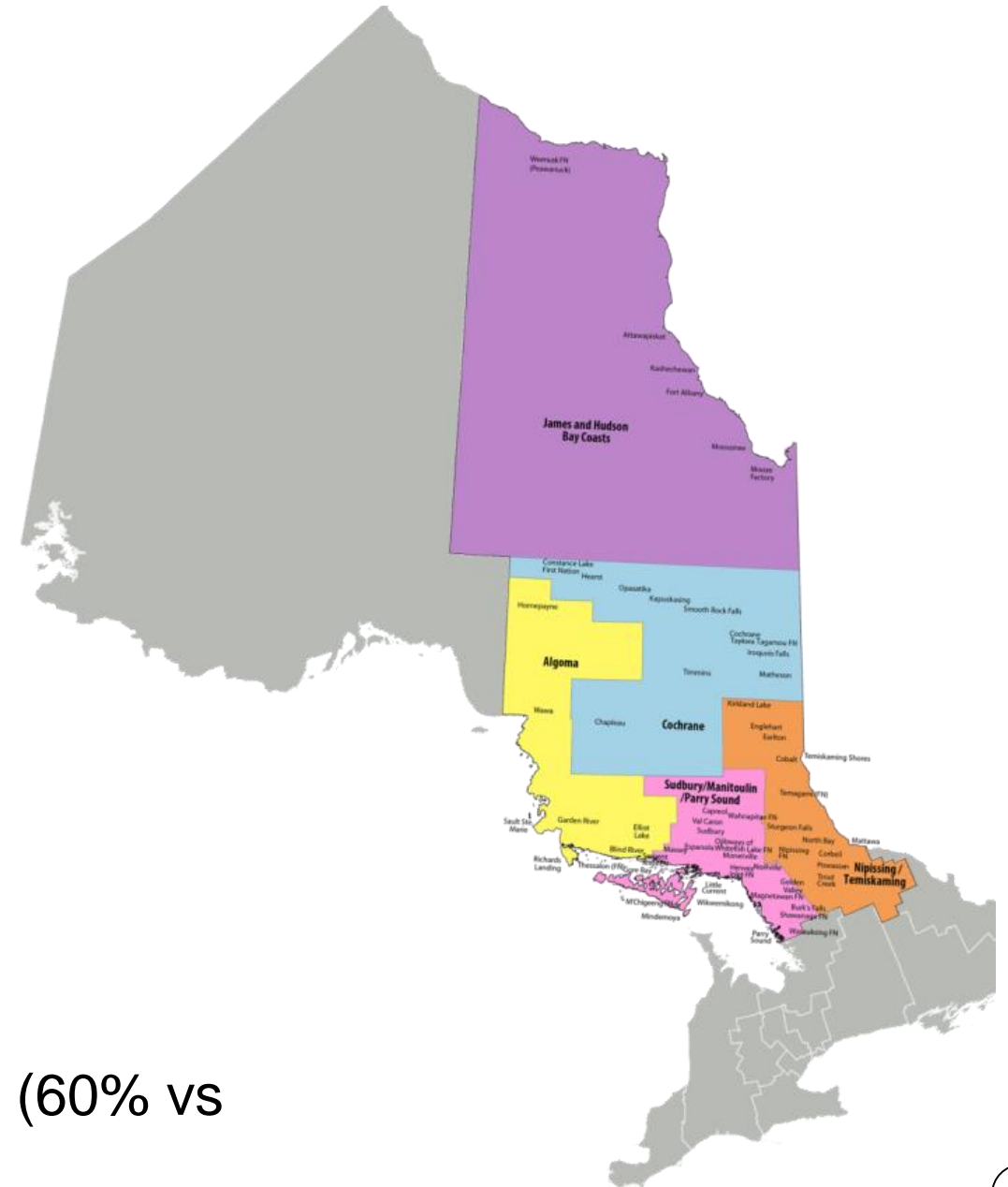
- 44% of Ontario land mass
- 4.1% of Ontario's population
- 565,000 Northerners

Diverse

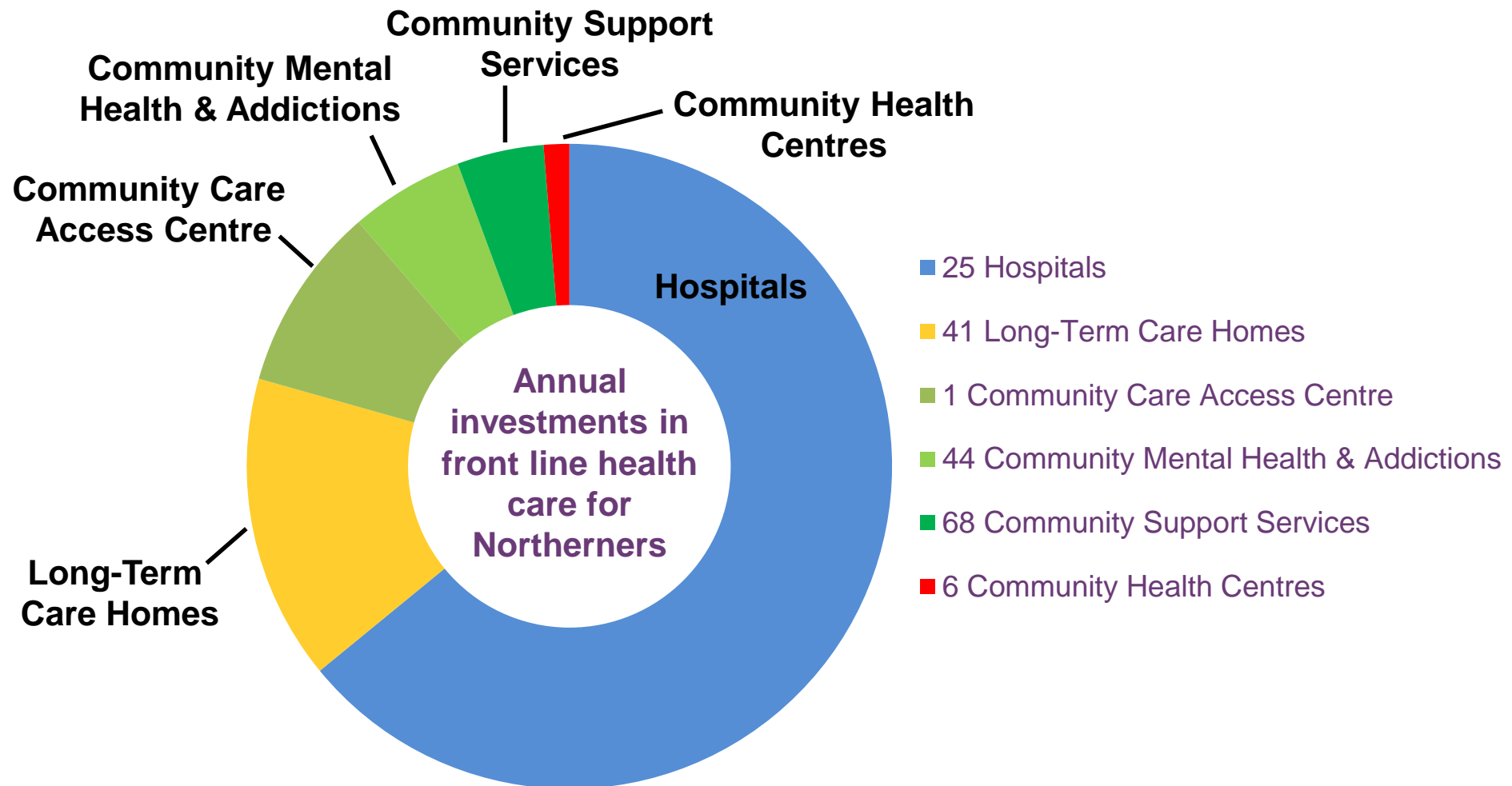
- 23% Francophone
- 11% Aboriginal/First Nation/Métis
- 20% age 65 and over
- 26% age 65 and over by 2025

Population Health

- More smokers (26% vs 19%)
- More heavy drinkers (21% vs 17%)
- More people who are overweight or obese (60% vs 53%)



NE LHIN Funds 150 Providers ~ \$1.4 B



Mandate of the LHIN



Plan

- We are not a service provider
- Engagement is legislated; detailed in Local Health System Integration Act
- Our Strategic Plan, called an Integrated Health Service Plan (IHSP), is aligned with provincial health care direction



Fund



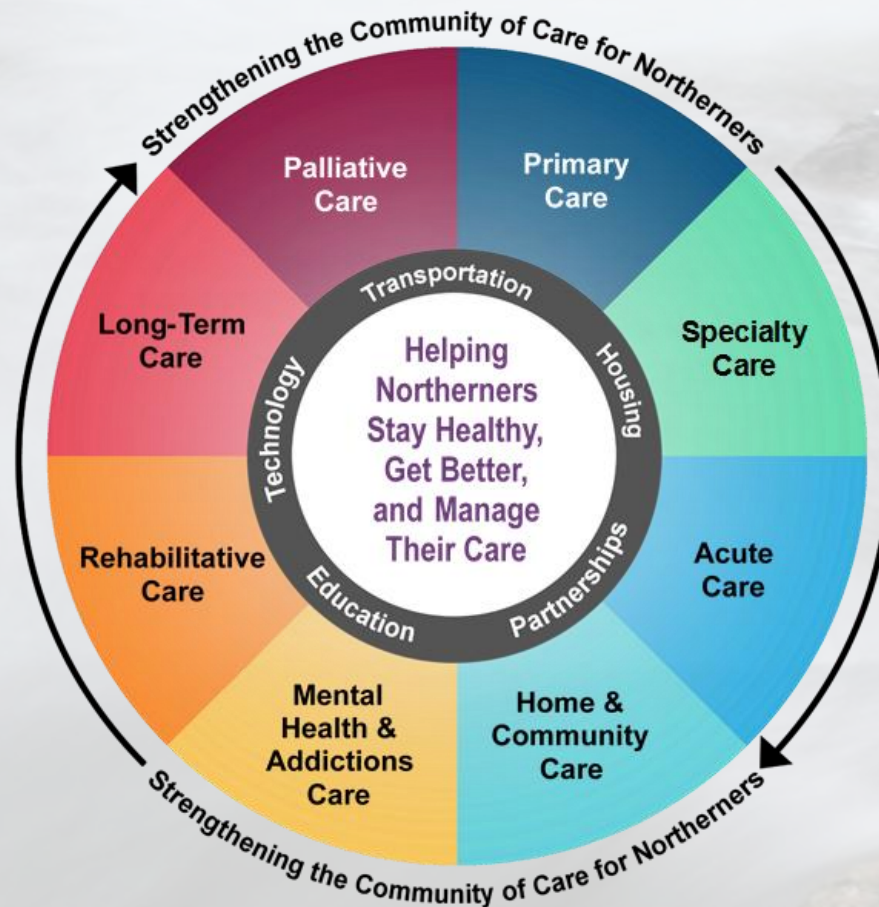
Integrate

North East LHIN Strategic Directions

NE LHIN Priorities



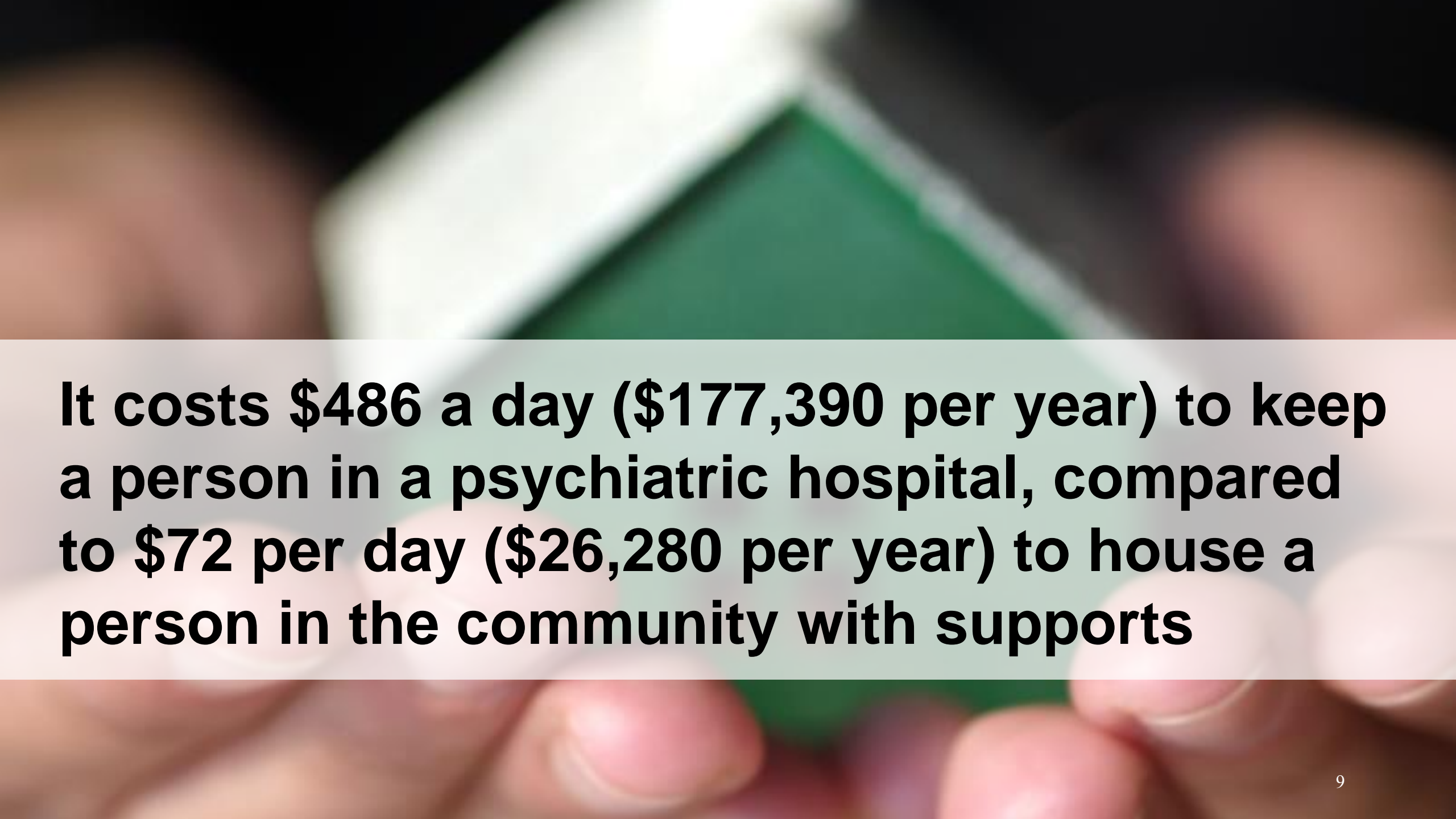
Areas of Care



- **Housing a key enabler:** The North East LHIN, in developing its current *Integrated Health Service Plan, 2016-2019*, heard from Northerners about the need for more housing support services to remain independent in their home communities.
- The strategy recognizes that housing is a **complex community issue** and that we all need to work together including all levels of government, the health care and social sectors, as well as private businesses.
- In the North East there is a **shortage of appropriate housing stock** and the population of seniors and persons with low income is higher than the provincial average. The region contains numerous small communities and few options for people who wish to live on their own.
- This strategy document is intended to act as **a resource for partner organizations** as they search for opportunities to improve access to housing for people in the North East Region.

Assisted Living – Funding Services to Allow Seniors to Remain Independent for as Long as Possible

- Every year the North East LHIN invests in more assisted living for high risk seniors.
- Assisted Living provides both scheduled and unscheduled visits, including personal support and homemaking services, on a 24 hour-basis
- In the North East, the LHIN funds **campus models** –where a provider delivers assisted living to clients living in a residence– as well as **mobile programs** where assisted living is delivered to clients living in their own home or apartment.
- Altogether **1,100 high risk seniors** in the region are receiving assisted living services funded by the LHIN.



It costs \$486 a day (\$177,390 per year) to keep a person in a psychiatric hospital, compared to \$72 per day (\$26,280 per year) to house a person in the community with supports

Peer Support and Housing in North Bay

- 15 patients transitioned out of NBRHC and into community housing – including **Percy Place (3) & Cedar Crest Units (3)**. Some people have ABI, but the majority have mental health or medical concerns.
- Care provided by Nipissing Mental Health Housing and Support Services, and People for Equal Partnership in Mental Health (PEP).



Moonlight Residential Home - Sudbury

- For eight people transitioning out of hospital
- Staffed by peer support and other workers
- Partnership between CMHA, NISA and NBRHC



Housing support in Sault Ste. Marie

- NE LHIN invested this year in housing for 10 people with severe mental illnesses, staffed 24/7. Partnership between Sault Ste. Marie Housing Corporation and CMHA Sault Ste. Marie
- The NE LHIN has also provided funding for mental health training for SSM municipal staff involved in housing.
- **Funding a new Algoma case management program:** Algoma Public Health (APH), Canadian Mental Health Association (CMHA) Sault Ste. Marie, and the Sault Area Hospital are working together to support people with mental illnesses or addictions as they transition from the hospital into the community.

Acquired Brain Injuries (ABI)

- NELHIN provides funding to March of Dimes to support approximately 200 ABI individuals with approximately 80,000 to 95,000 hours of service annually across the region.
- Wade Hampton House – only one in NE for ABI.



*Wade Hampton House:
Congregate care home for 10
people with acquired brain
injuries (March of Dimes)*



Inaugural Housing Forum – October 2015



36 Members

- Francophone
- First Nations
- Urban/Rural
- 5 Geographic Hubs
- Housing sector
- Health Care sector
- Private sector
- Public sector
- Economic Development sector
- Govt. partners

Formation of North East LHIN Housing & Health Expert Housing Panel

Housing and Health Planning Day – June 8th

- Status update from Expert Panel
- Environmental scan shared
- All government agenda for housing – alignment
- Partnerships
- 100+ participated



Process

We used a variety of community development/group development processes to:

- Facilitate interaction
- Build trust
- Ensure 'buy in' by expert panellists and key stakeholders
- Create a credible, solid and do-able strategic plan with 'stretch' goals and objectives

Strengths identified by the Expert Panel

- Communities are its greatest strength.
- Well-developed infrastructure
- Northern people are a strength (resilient, growing Indigenous population both on-reserve and off, etc.)
- Generally positive and cooperative relationships among providers and between sectors

Weaknesses

- Higher construction, service and energy costs/affordability
- Cyclical economy
- Low population densities and an aging population - within large geography
- Lack of expertise/understanding in a wide variety of areas
- Lack of coordination/bureaucracy/silo mentality
- Discrimination
- Lack of volunteers to assist people
- Long-term care not always able to handle some individual behaviours
- Alternative levels of care needs are growing
- Lack of housing with adequate levels of support
- Service gaps between rural and urban population

Opportunities

- Alignment with other levels of government/timing is 'right'
- Cooperation/collaboration between senior levels of government, municipalities, housing service providers, health and social services, private sector
- Addressing the needs of an aging population
- Innovative Housing with Health Supports in Northeastern Ontario
- Use of a wide variety of educational facilities to develop knowledge, training opportunities, research on better housing techniques, better data for planning of health and social services delivery
- Use of technology
- Affordable, serviced land is available in many communities across NE
- Need for cross-sectoral funding support

Vulnerability

- The University of California San Francisco's Center for Vulnerable Populations at San Francisco General Hospital refers to vulnerable populations as those “for whom social conditions often conspire to both promote various chronic diseases and make their management more challenging.”
- This approach highlights the direct link between multi-vulnerability and multi-morbidity (i.e. multiple chronic conditions). More than one-in-five of residents of the NE LHIN have been diagnosed with multiple chronic conditions, compared to 15% in the province, overall.

The following groups are likely to be among the most significant vulnerable groups, by population count:

- Aboriginal, First Nations and Metis
- Lone Parent Families
- Seniors with Support Needs
- Individuals with a Disability
- Individuals with Serious and Persistent Mental Illness
- Middle Aged Caucasian Men at Risk of Suicide
- Immigrants and Racialized Groups

Goals & Objectives

There are 4 broad Goals and 43 specific Objectives in the Innovative Housing with Health Strategic Plan:

- **Goal 1** - People First – Client orientation
- **Goal 2** - Innovative Housing and Infrastructure
- **Goal 3** - Innovative Health/Social Support Provision (service design and delivery)
- **Goal 4** - Innovative Leadership and Sponsorships

Two Key Objectives

- Intensify the link between housing, health and support services by continuing the work of the Expert Panel. The Expert Panel would meet annually and report to the North East LHIN using a report card approach.
- Share this Strategic Plan with key partners including DSSABs so that it can be used as a resource.

Building the Support Model (SHS Consulting)

- 1) Move forward in developing a coordinating service delivery model for persons living in social housing
- 2) Conduct a review of housing options across the North East LHIN
- 3) Share and further develop the support agency inventory
- 4) Build on current best practices
- 5) Leverage non-traditional and informal support options
- 6) Engage Tenants

Moving Forward

- Score Card
- Expert Panel
- Share Document with Partners
- LHIN prioritizing what it can accomplish
- Pan-LHIN efforts

Goal 1: Clients/People					
Actions to meet the goal:					
Objective 1: Develop strategies to engage, reduce and prevent the number of people experiencing chronic homelessness and homelessness among vulnerable persons, youth and Indigenous peoples, as appropriate to the local context incorporating innovative approaches and a Housing First philosophy.	2016/17		2017/18		2018/19
	Status	%	Status	%	Status

Goal 2: Innovative Housing and Infrastructure					
Actions to meet the goal:					
Objective 1: Explore and develop innovative funding and construction/renovation/repurposing/energy conservation methodologies.	2016/17		2017/18		2018/19
	Status	%	Status	%	Status
Objective 2: Develop/use consistent, objective methods of measuring need, including households experiencing homelessness/inadequate housing. These methods must go beyond the Housing First policy's reliance on Point in Time counts, which ignore issues of 'hidden homelessness'.					
Objective 3: 'Benchtest' and modify the financial analysis tool developed by Housing Services Corporation, with a view to maximize its utility for communities/organizations considering developing innovative housing in NE Ontario.					
Objective 4: Engage the private sector to seek innovative ways to involve them in investing in affordable housing.					
Objective 5: Housing builders and providers need to know how to engage Home Care and/or service providers if they are to develop or provide units for the "frail" community members or a hospital discharge program. This link needs to exist to emphasize the connection between integrated service delivery and the development of community homes for high needs citizens.					
Objective 6: Mandate more education for property managers/building superintendents to help them link tenants with service providers. If a social housing provider or developer doesn't want to invest in expanding the role of their staff, they could partner with a support services agency who could a) provide assessments b) deliver care/interventions where appropriate. Property owners could accelerate this process by offering same space in their building where agencies delivering care (could be multiple agencies) can					

Thank You

Discussion

Quality health
care when
you need it.

Des services
de santé de
qualité au
moment voulu.

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waani zhi mino
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