

Providing Care to help the homeless in Toronto



On any given night in Toronto, there are 8,000 people experiencing homelessness. That's almost the same population as the town of Kirkland Lake: all homeless.

With the emergence of the COVID-19 pandemic, new strategies were needed to enhance protection for staff and clients in the shelter system. To meet this need, [Inner City Health Associates](#) (ICHA), a group of over 100 physicians serving over 50 sites frequented by people experiencing homelessness in Toronto, developed The COVID Alert Risk Evaluation (CARE) project in partnership with shelter operators, Toronto's Shelter, Support and Housing Administration (SSHA), and Toronto Public Health. They took a population health focus to help the shelter system better serve people experiencing homelessness in the pandemic.

CARE provides data to help front line homeless shelter workers better manage services and supports. The project leverages data from a variety of sources to help shelter providers support their clients. They link people in need with people to help them, filling gaps in the system.

In building the project there were many ethical questions that came up, for example, around the use of personal information for the greater public good. Through the CARE project, shelter providers use the data from ICHA and SSHA to support individuals and groups who are at an increased risk of having severe complications from COVID-19. Dr. Aaron Orkin, Population Health Lead at ICHA notes, a program like this raises a range of ethical and operational questions that need to be asked and answered. As we now know, when you're in the shelter system, having somewhere to safely isolate during a pandemic is not a luxury you have. Once an at-risk person is identified solutions can be found to serve the client and the community together.

Dr. Orkin relied on Dr. Jamie Robertson, Clinical Ethicist at the [Centre for Clinical Ethics](#), Unity Health and her colleagues to guide him. "Bioethics explores the value and the intent behind how and why we're using this information. They ask inquisitive questions, reflect on our responses and provide excellent, thoughtful communications back to us. Dr. Robertson helped us to evaluate if what we are doing is being done in the best possible way for the people we are working to support."

Reflecting on the various forms of support she provided to ICHA, Dr. Robertson notes that "Hospitals need to be more proactive to cultivate and establish important relationships with community support organizations such as shelters. As we are continuing to learn, hospitals need to expand their role to support public health directives in the pandemic." Collaborating with groups like ICHA can help reduce the number of people who end up in a hospital emergency department for treatment during the pandemic and more generally reduce the harms caused by the pandemic.

Dr. Orkin concludes that, "When trying to make meaningful change, we have to challenge our values and drivers for the choices we make. Bioethicists think about that. They engage with those ideas and work with us to create better outcomes. The value they add, at both the clinical and program design level cannot be overstated."