

Unhoused people in Toronto up to 18 times more likely to visit EDs for cold weather-related injuries: Study

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Patients experiencing homelessness are 14 to 18 times more likely to visit emergency departments (EDs) in Toronto for cold weather-related

injuries compared to non-homeless patients, according to a new study from Unity Health Toronto and ICES. The findings highlight the need to increase the number and accessibility of winter services throughout the cold season to prevent future injuries and lessen the strain on city emergency departments, the researchers say.

The study, led by researchers at MAP Center for Urban Health Solutions and published in the *Canadian Journal of Emergency Medicine*, also found that women experiencing homelessness had consistently higher burden of cold-related injuries compared to men experiencing homelessness, relative to their housed counterparts.

"Injuries related to cold exposure are to some extent an unavoidable reality in Canada, but the sheer excess burden among those experiencing homelessness is largely preventable," said Lucie Richard, senior research associate at MAP and study lead author. "Providing adequate, accessible emergency warming services is not only a compassionate imperative, it's also necessary to prevent major health-related consequences of cold weather-related [injury](#) including nerve damage, amputation, or loss of life."

Dr. Carolyn Snider, chief of emergency medicine at St. Michael's Hospital, said the study highlights a significant health consequence associated with the lack of access to round-the-clock shelter, particularly in adverse weather conditions. "The distressing effects on patients observed in our emergency departments in Canada are deeply worrisome—especially as they are preventable," she said.

The research team analyzed all visits to 18 Toronto-based EDs between July 1, 2018, to June 30, 2022, using linked health administrative data housed at ICES. Patients who visited these EDs were classified in two groups: (1) patients experiencing homelessness and (2) patients not experiencing homelessness. The groups were further subdivided by sex.

For each winter season, the team identified within each group the number and rate per 100,000 visits of encounters with a cold weather-related injury diagnosis, which included outcomes such as frostbite and hypothermia. The team then calculated the ratio of rates between groups to estimate excess burden.

The authors note that their methodology likely resulted in some underestimation of the extent of the issue.

"Our findings make clear that much room exists to address cold weather-related injuries among this patient group. Unfortunately, emergency medicine clinicians are not in a position to treat the key underlying risk factor: homelessness," said Richard.

"Municipal, provincial and [federal governments](#) all have a shared responsibility to provide alternative means to shelter from the cold. In an emergency setting, that means short-term shelter and warming options, but ultimately it means vastly expanding affordable housing."

More information: Lucie Richard et al, Cold-related injuries among patients experiencing homelessness in Toronto: a descriptive analysis of emergency department visits, *Canadian Journal of Emergency Medicine* (2023). [DOI: 10.1007/s43678-023-00546-7](https://doi.org/10.1007/s43678-023-00546-7)

Provided by St. Michael's Hospital

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