

## AJAX TAKE COSTLY INITIATIVE IN DEALING WITH THE HOMELESS

The rapid growth of homelessness in Durham Region is deeply concerning. The encampment on Regional property, on Achilles Road, in Ajax, represents a critical situation requiring urgent action.

The Region of Durham does not endorse encampments, but recent Ontario case law recognizes they are a reality when shelter space is unavailable. The Region is working urgently to open indoor space across the region. In Ajax, as of August, 200 people were on the By-Name List seeking supports to change their housing status. The encampment at Achilles Road highlights the urgent need for action.

There will be temporary interim supports over coming weeks at Achilles Road. Donations are not permitted at encampments. If you have new or gently used, clean items to donate, contact [Homelesshelp@durham.ca](mailto:Homelesshelp@durham.ca) or call 311 ext. 5510. Regional and community partner organization will distribute essentials like coats and boots.

Durham Region remains committed to expanding housing options and providing compassionate, practical support for residents experiencing homelessness. We thank the community for supporting safe, effective solutions for everyone.

The encampment on regional property on Achilles Road in Ajax, represents a critical situation requiring urgent action, according to the regional municipality.

The urgent action described by the regional municipality includes working to open indoor space across the region as well as temporary interim supports over the coming weeks at the Achilles Road encampment. It did not elaborate further.

It described the rapid growth of homelessness in Durham Region as deeply concerning. From August the homeless by-name list has grown from 811 to more than 1,000. The list does not account for those who have not registered.

Early this year, Durham Region announced that it has received \$6.4 million in federal Unsheltered Homelessness and Encampment Initiative funding to help address homelessness.

In May, the region withdrew from an agreement with the Salvation Army on a scheme that guaranteed affordable rentals for home insecure Durham residents citing reporting issues. The Salvation Army says some 200+ persons – including 144 children and 88 adults – have been impacted with winter approaching.

The Region of Durham does not endorse encampments. Encampments have been cleared with the help of police (see top image). However, recent Ontario case law recognizes they are a reality when shelter space is unavailable.

The region said in Ajax, as of August, 200 people were on the By-Name List seeking supports to change their housing status. “The encampment at Achilles Road highlights the urgent need for action.”

However, those on the list say the wait can extend for years. The region said donations are not permitted at encampments. “If you have new or gently used, clean items to donate, contact [Homelesshelp@durham.ca](mailto:Homelesshelp@durham.ca) or call 311 ext. 5510. Regional and community partner organization will distribute essentials like coats and boots,” it said.

The Region of Durham plans to open up a warming centre and hub for unsheltered individuals in Ajax that it says is not officially a homeless shelter.

The Town of Ajax intends to pass a bylaw that would establish temporary use permissions for what it’s calling a “crisis care facility” at 126, 128, 130, 132, 136, 138, 140 and 142 Commercial Ave. The Ajax/Pickering News Advertiser used to be located inside this building.

The issue was also raised at a Durham council meeting on Oct. 29 as part of a discussion around the region extending a lease — and adding onto it — with a private landlord on the property.

The region is renewing its lease with property owner 447110 Ontario Limited for the period of Dec. 1, 2025, to Nov. 30, 2030, for the space it has rented since 1991 for income and employment support services. The lease includes the nearly 18,000 square feet it already rents, as well as an additional 14,000 square feet. According to the report, it plans to open a hub that will include 24-7 drop-in space for programming and support services; washroom, shower and laundry facilities; restricted outdoors space; food preparation facilities; winter warming and summer cooling; and short-term respite space.

This didn’t sit right with Ajax Mayor Shaun Collier, who said he had recently called an emergency meeting after a new encampment went up across from the Ajax library’s main branch.

The regional and town parties set out a six-month plan to get through the winter with an intention to revisit the situation in the spring. He added the new facility will sleep 50 people.

Collier is referring to a region-run shelter on nearby Station Street that was meant to be a temporary measure set up in 2022, as well as a permanent shelter in the Ajax Plaza run by the Christian Faith Outreach Centre.

The commissioner did confirm that this will not become a full-time permanent shelter without a sit-down discussion and consultation after the six months.

The lands are zoned in Ajax as downtown central area — mixed employment one, which does not permit a crisis care facility. But under the province’s Planning Act, the town may pass a bylaw to authorize the temporary use of land, buildings or structures for a period not exceeding three years. The town may, through a bylaw, grant further periods of not more than three years at a time. The town and region are acting after the region released a public notice regarding the new encampment located across from the Ajax library, stating.

The rent for the lease renewal, as well as the new space, will cost \$25,655 per month for the first year, increasing annually until it’s \$28,882 per month in 2030.

Property owners Danos-Papaconstantinou are looking for the region will look for a government subsidy first and then will work within the budget. The region will have the opportunity to renew the lease with the landlord for two additional five-year terms. But whether or not it can be used as a crisis care facility will depend on the outcome of the Ajax council meeting on Nov. 17.



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## ‘Do I Qualify for Lung Cancer Screening?’: Understanding Your Path to Early Detection Could Save Your Life

While other organized screening programs are well-established, organized lung cancer screening remains less familiar to many Canadians, yet it’s a crucial and accessible way to protect your health. Lung Health Foundation shows you how to know if screening may be right for you and when it’s time to talk to your primary care provider.

Every year, thousands of Canadians wonder if they should get screened for lung cancer. Unlike other organized cancer screening programs that automatically send invitations or reminders when it’s time to be screened, lung cancer screening works a little differently. You aren’t automatically invited — there are a few steps to determine if screening is right for you. The first step is to complete a risk assessment, which helps determine whether you’re eligible for screening. Once eligibility is confirmed, you’ll receive information about next steps and how to book your appointment.

Canada helped pioneer organized lung cancer screening programs, developing world-leading approaches to identifying those at highest risk. But for many Canadians, the journey from “Should I get screened?” to receiving that first scan remains unclear.

“Unlike other organized cancer screening programs that have been established for decades, lung cancer screening programs are new — and for many people, the process can feel a bit uncertain,” says Dr. Jessica Moffatt, Vice-President of Programs & Public Affairs at Lung Health Foundation, Canada’s largest charity dedicated to lung health. “One of the main challenges for Canadians right now is understanding who qualifies and how to get screened. We want to help Canadians navigate this process.”

**Programs Vary by Province**

Currently, Ontario, British Columbia, and Nova Scotia have

provincial organized lung cancer screening programs at various stages of implementation. Several other provinces are piloting programs or actively planning rollouts. The specifics, including how to access screening and what the referral process looks like, vary by province.

**Understanding Eligibility: The Two-Step Process**

Lung cancer screening isn’t for everyone. It’s designed for people at high risk. Getting screened through one of Canada’s three organized screening programs involves two distinct steps that many people don’t realize are separate:

**Step 1: Qualifying for a Risk Assessment**

Each province is slightly different; however, you may qualify for a risk assessment if you:

- Are between 55-80 years-old in Ontario, or between 55-74 years-old in B.C. and Nova Scotia
- Have smoked cigarettes daily for at least 20 years (not necessarily consecutive)
- Have no current symptoms of lung cancer

In Ontario, if you think you meet the eligibility criteria, you should talk to your primary care provider about a referral for a lung cancer screening risk assessment. You can also contact your local screening hospital directly — no referral is required.

**Step 2: Qualifying for Screening**

During your risk assessment, a screening navigator will ask detailed questions about your health history, including smoking patterns, family history, and other risk factors. Using a tool called a risk assessment calculator, they’ll determine if you are eligible based on the score generated by the calculator.

“Most people don’t realize there are two stages to this process,” says Dr. Moffatt. “The risk assessment determines whether screening is right for you — because screening

isn’t risk-free, and we want to make sure the benefits outweigh the risks for each individual.”

**What If You Have Symptoms?**

This is crucial: screening is only for people who do not have symptoms of lung cancer.

If you’re experiencing symptoms like a persistent cough, unexplained weight loss, chest pain, or coughing up blood, you don’t need screening. You need a diagnostic testing immediately.

“That’s the distinction many people don’t understand,” Dr. Moffatt reveals. “Screening looks for cancer before symptoms appear. If you have symptoms, talk to your healthcare provider right away about diagnostic testing. Don’t wait. And if you don’t have a primary care provider, you can still reach out directly to your local screening site, walk-in clinic or hospital to discuss next steps. No one should delay care because they don’t have a family doctor.”

**The Screening Journey: What to Expect**

For those who qualify for screening, the process involves:

- Low-dose CT scans: Quick, painless scans that take less than 10 minutes. No needles, no dye, no fasting required. You don’t even need to change your clothes.
- Results and Follow-Up: A screening navigator will call you with results and next steps. Depending on findings, you may need:
  - Annual screening (if nothing concerning is found)
  - More frequent monitoring (every 6 months)
  - Follow-up scans in 3 months
  - Referral for diagnostic assessment
- Ongoing Support: Throughout the process, screening navigators help coordinate appointments, answer questions, and ensure you understand each step.

**Why Early Detection Matters**

National registry data from 2019 shows that about half of all lung

cancers are diagnosed at stage 4 in Canada, when treatment options are limited.

“When lung cancer is caught early through screening — at stage 1 or 2 — treatment options are often less invasive and more successful. In some cases, treatment may be as straightforward as a minor surgery followed by a short course of chemotherapy,” says Dr. Moffatt. “That’s why screening matters. Each day matters.”

**Breaking Down Barriers**

Two of the biggest barriers preventing eligible Canadians from accessing screening are stigma and access to primary care.

While you can self-refer for a lung cancer screening risk assessment, if your assessment shows that you’re eligible for screening, a referral from a primary care provider is still required before your scan can be booked. This creates challenges for those who don’t have a primary care provider. In some cases, individuals are told they are at high risk for lung cancer after their assessment but struggle to obtain the referral needed to move forward with screening.

There are also emotional barriers. Many people feel ashamed or stigmatized about their smoking history and may avoid seeking help. “The psychological harm of knowing you’re at high risk but not being able to access screening is real,” notes Dr. Moffatt. “We’re working to make this process clearer and more accessible for everyone who needs it. And if you think you might qualify, have that conversation with your healthcare provider. Ask specifically about lung cancer screening programs in your province. Share your smoking history openly without shame. The fear of finding something is understandable, but knowing early gives you options and hope.”