



STAFF REPORT ACTION REQUIRED

Housing and Health: Unlocking Opportunity

Date:	October 13, 2016
To:	Board of Health
From:	Acting Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

Affordable, good quality, and stable housing is important for health and overall well-being and for building healthy and inclusive communities. The increasing unaffordability of housing in Toronto is a significant public health concern given the many connections between housing and health. Research and lived experience in Toronto demonstrate that housing unaffordability, poor quality housing and neighbourhoods, and housing instability, including homelessness, are associated with a range of poor mental and physical health outcomes, risk factors for poor health, health care non-adherence and follow-up, and are significant costs to the health care system.

Housing is a key priority for all three levels of government, making it an opportune time to consider health and health equity as explicit goals in housing policy. To promote the health of Torontonians and reduce health inequities, new policies and program interventions are needed that: increase the supply and support the repair and maintenance of affordable, supportive, and accessible housing; provide adequate income, financial assistance and quality employment so people are not forced to make difficult choices between paying rent, food, utilities and other basic elements of a healthy life; tackle discrimination within the housing system; and prevent homelessness in a child's early years through investments in mental health supports and violence prevention.

Given the key role of social and economic factors in contributing to the affordability, quality, and stability of people's living environment, it is critical to address the upstream causes of homelessness and housing instability in housing policy as well as related public policy areas such as income security, employment, and health care policy.

RECOMMENDATIONS

The Acting Medical Officer of Health recommends that:

1. The Board of Health commend the Prime Minister of Canada for committing to develop a National Housing Strategy and urge the federal government to:
 - a. Provide, as part of the strategy, adequate, predictable, and long-term funding for affordable housing, social housing (supply and state of good repair) and homelessness prevention, including mental health services and supportive housing;
 - b. Make explicit the goal of ending homelessness with specific timelines and targets.

2. The Board of Health commend the Ontario Minister of Housing for continuing to transform Ontario's housing system through its Long-Term Affordable Housing Strategy and urge that funding be provided for:
 - a. A portable Ontario housing benefit;
 - b. A permanent portable housing allowance program administered at the local level, in the absence of an Ontario housing benefit;
 - c. Repair and maintenance of social housing stock;
 - d. Programs including, but not limited to, financial assistance to prevent evictions;
 - e. Housing supports to prevent youth homelessness, with particular attention to youth leaving the child welfare system.

3. The Board of Health commend the Government of Ontario for committing to enabling municipalities to implement inclusionary zoning through the Promoting Affordable Housing Act, 2016 and urge the provincial government to provide an effective, results-oriented legislative and regulatory framework to deliver new affordable housing opportunities for Ontario residents.

4. The Board of Health request the Ontario Minister of Housing and the Minister of Health and Long-Term Care to increase the supply and range of supportive housing options and provide funding for supports for people with mental health and/or substance use issues and people affected by violence.

5. The Board of Health request the Acting Medical Officer of Health to work with the Affordable Housing Office and Shelter, Support and Housing Administration to explore:
 - a. Harm reduction housing strategies and models in the affordable, social, and private market housing sector for people with mental health and/or substance use issues;
 - b. How the City could work with the federal and provincial governments to support the development of new housing stock for people with mental health and/or substance use issues;

- c. Strategies, including determining the City's role, to address the issue of discrimination against people with mental health and/or substance use issues in the private market sector, including alternatives to eviction;
 - d. Strategies to increase transitional housing for homeless pregnant and parenting women and people affected by violence.
6. The Board of Health forward this report to:
- a. The City of Toronto General Manager of Shelter, Support and Housing Administration; Director of the Affordable Housing Office; General Manager of Employment and Social Services; and Executive Director of Social Development, Finance and Administration;
 - b. The Ontario Ministers of Housing; Municipal Affairs; Health and Long-Term Care; Community and Social Services; and Children and Youth Services;
 - c. The Federal Ministers of Families, Children, and Social Development; and Health;
 - d. The Chief Executive Officers of the Toronto Central Local Health Integration Network (LHIN), Central LHIN, Central East LHIN, Central West LHIN and Mississauga-Halton LHIN;
 - e. The Chief Medical Officer of Health of Ontario.

Financial Impact

There is no financial impact beyond what has already been approved in the current year's budget.

DECISION HISTORY

At its meeting on September 24, 2012, the Board of Health received the staff report Creating a Healthier Toronto through the Official Plan, which makes recommendations for strengthening health and equity considerations in various policies in the Toronto Official Plan, including access to affordable housing in all areas of the city. The Board of Health also urged the Ontario Minister of Municipal Affairs and Housing to amend the Planning Act to enable municipalities to implement inclusionary zoning as a mechanism for the provision of affordable housing, to support Toronto's Official Plan objective to provide a full range of housing in terms of form, tenure, and affordability across Toronto and within neighbourhoods.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2012.HL16.1>

At its meeting on March 31, 2015, City Council adopted Housing Opportunities Toronto 2010-2020 - Five Year Review, and requested the Executive Committee authorise the Director, Affordable Housing Office and the General Manager, Shelter, Support and Housing Administration to form an interdivisional steering committee including, but not limited to: City Planning, Toronto Public Health, Long Term Care Homes and Services, Municipal Licensing and Standards, Corporate Finance, and Social Development, Finance and Administration, to oversee and advise on the review and update of the City's Housing Opportunities Toronto: Affordable Housing Action Plan 2010–2020.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.EX4.7>

At its meeting on September 22, 2015, the Board of Health endorsed TO Prosperity: Interim Poverty Reduction Strategy, its overarching objectives, and associated recommendations and actions, as a strategy to improve opportunity for all and reduce health inequities in Toronto. One of the six core issues for action is housing stability. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL6.6>

At its meeting on December 9, 2015, City Council received the report Action on Intimate Partner Violence against Women, which highlighted access to shelter and housing as a significant issue for women experiencing intimate partner violence (IPV). City Council urged the Ontario Government to provide in the 2016 Provincial Budget capital and operational funding that is dedicated to increasing the availability of affordable housing, emergency, and transitional/supportive housing to those affected by IPV; and engage with municipalities to look at ways to provide affordable housing options to women without status. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL8.1>

ISSUE BACKGROUND

Toronto has one of the least affordable housing markets in Canada.^{1,2} Rising housing prices and rents, declining incomes, inadequate social assistance rates, low vacancy rates, insufficient supply of affordable housing, aging private rental and social housing stock, and growing demand for affordable housing make the situation even more strained. Although housing issues affect people across the socioeconomic spectrum, they are more challenging for people with low incomes who may have less control and autonomy over their living environment and fewer financial resources.

Table 1 presents key indicators to illustrate housing need in Toronto. In 2010, the incidence of core housing need in Toronto was 21%, higher than in Ontario (13.4%) and across Canada (12.5%), with renters and people with low incomes being more likely to experience core housing needⁱ and affordability issues.ⁱⁱ Income security programs such as Ontario Works (OW) and Ontario Disability Support Program (ODSP) are inadequate to afford Toronto rents, with rates falling below the poverty line and not indexed to the cost of living in Toronto, leaving little money left over for essentials such as food.

The high cost of housing and increasing poverty in Toronto has led to an increased demand for subsidized housing, with 98,323 households on the waiting list in Toronto. As a result, low income and working poor households are being pushed out of the downtown core to the peripheries of Toronto in search of more affordable housing.^{3,4} The

ⁱ A household is in core housing need if its housing fails to meet one or more of the adequacy (i.e., not requiring any major repairs), affordability (i.e., costs less than 30% of total before-tax household income), and suitability (i.e., enough bedrooms for the size and composition of the household according to National Occupancy Standards) standards and it would have to spend 30% or more of its before-tax income to pay the median rent of alternative local housing that meets all standards.

ⁱⁱ Households spending 30% or more of its before-tax income on shelter costs are considered to have affordability issues.

high cost of rent, insufficient supply of affordable and supportive housingⁱⁱⁱ, and inadequate income are major factors in homelessness, which is a significant issue in Toronto.

Table 1: Housing Need in Toronto – Select Indicators

Incidence of core housing need, 2010 ⁵	21%
% renter households	33%
% owner households	12%
Affordability issues, 2010 ⁶	
% renter households	44%
% owner households	28%
Percent of monthly income spent on rent, 2001 ⁷	
Renters earning less than \$20,654/year	82%
Renters earning \$67,543+/year	13%
Ontario Works maximum monthly shelter allowance (Nov, 2015) ⁸	
One person	\$376
Family of four	\$718
Average market rent (Oct, 2015) ⁸	
Bachelor	\$937
2 bedroom	\$1,286
Estimated number of people homeless (night of Apr 17, 2013) ⁹	5,253
TCHC capital repair backlog	\$2.6 billion
Subsidized housing waiting list	
Number of households on waiting list (June 30, 2016) ¹⁰	98,323
Average wait time ¹¹	8.4 years
Estimated number of TCHC tenants with mental health issues serious enough to be eligible for supportive housing ¹²	8,900 (7%)
Supportive housing waiting list ¹³	
Number of people on waiting list (2015/16)	10,814
Average wait time	5 to 7 years

Note: Superscripts in the table indicate the data sources for each of the indicators.

While demand continues to grow for affordable housing, Toronto’s private and social housing stock is aging and Toronto Community Housing Corporation (TCHC), Toronto's largest social housing provider, is facing significant pressures including a \$2.6 billion capital repair backlog. Without significant investment over the next ten years from the provincial and federal governments, tenants will be living in conditions that are unsafe and unhealthy and many of these units will be forced to close. Social housing is also becoming home to an increasingly vulnerable population with mental health issues. A recent staff report on the final report of the Mayor's Task Force on TCHC estimated that 8,900 adults (or 7%) in TCHC have a mental illness serious enough to make them eligible for supportive housing.¹² However, supportive housing for people with mental health and/or substance use issues is in short supply despite increasing demand. In Toronto, the number of people on the supportive housing wait list has almost doubled in the last two years (from 5,696 to 10,814).¹³

ⁱⁱⁱ Supportive housing is housing for people who need supports (e.g., social and health) to live independently (e.g. the frail elderly, people with mental health and/or substance use issues, or developmental disabilities).

The current housing situation in Toronto has significant implications for health and health equity in Toronto. Addressing affordable housing and housing instability requires a collective effort. The commitment of all levels of government to addressing affordable housing represents an important opportunity to improve housing and population health.

Toronto Public Health (TPH) is mandated by the Ontario Public Health Standards (OPHS) to protect and promote the health of the population by addressing the determinants of health such as housing and reducing health inequities. The link between housing and health is not a new one. In 1911, Toronto's Medical Officer of Health Dr. Charles Hastings released a seminal report on the "slum conditions" in Toronto.¹⁴ The report used statistics and powerful photographic evidence to illustrate the pervasiveness of poor housing conditions such as inadequate and unsanitary housing, overcrowding, and poor ventilation and called these conditions a "menace to public health." Hastings's commitment and leadership on the issue resulted in widespread housing reforms such as demolishing substandard housing, stricter housing standards, and social housing projects.

TPH has prepared a report, *Housing and Health: Unlocking Opportunity* (see Attachment 1), which is intended to increase public awareness about the relationship between homelessness, housing, and health and highlight the importance of investing in affordable, good quality, and stable housing for health and health equity in Toronto. This report was prepared in consultation with the Affordable Housing Office (AHO), Shelter, Support and Housing Administration (SSHA) Division, as well as external stakeholders.

COMMENTS

Affordable, good quality, and stable housing is key to health

Housing is a social determinant of health. The relationship between housing and health involves a complex interplay of factors such as the local housing context (e.g., high cost of housing, high demand/insufficient supply of good quality affordable housing) and social and economic inequities (e.g., poverty, low income, precarious employment) which can lead to housing instability and homelessness and, in turn, influence health and health inequities. Research and lived experience demonstrate that there are three key dimensions of housing that are important for health and health equity: housing affordability; quality (of the dwelling and neighbourhood); and stability and security.

Affordable housing is a health equity issue

Certain populations such as Indigenous people, newcomers and immigrants, children and families, youth, seniors, LGBTQ2S people, people affected by violence, people with mental health and/or substance use issues, and people with chronic illnesses and/or physical disabilities are more likely to experience social and economic inequities such as poverty and, as a result, are at greater risk of experiencing homelessness and housing instability and related health impacts.

Personal stories from Torontonians with lived experience of homelessness and housing instability featured in the attached report illustrate the range of acute housing issues Torontonians face related to affordability, quality, and stability and their health impacts.

All of the people interviewed experienced homelessness or housing instability. They reflect a diversity of living situations, and housing types and tenures including sleeping rough on the street or in vehicles, 'couch surfing' with friends, living in emergency shelters, transitional housing, rooming houses, social housing, private market rental housing, affordable housing, and home owners. They reflect a variety of family or household compositions, including single people and families with children.

Their stories illustrate the impact of the insufficient supply of good quality affordable housing as well as broader social and economic inequities such as poverty, discrimination, social isolation, lack of social and health supports, and violence (i.e., child abuse, family violence, intimate partner violence) on homelessness and housing instability and, in turn, their health. All of the participants interviewed were living on a low income from social assistance (Ontario Works or Ontario Disability Support Program), government pensions, or low wage precarious employment. Many of the people had mental and/or physical health issues. Their stories speak to the significant stress caused by homelessness and housing instability and its negative impact on their mental health and quality of life.

Spending too much on housing limits people's investments in health

Housing is a non-negotiable expense. For low income households, the high costs of housing and related expenses create hardship and leave little money left over for essentials such as food, medication and personal investments such as extracurricular activities, all of which are important for health and well-being. As a result, households face dilemmas such as "pay the rent or feed the kids", "heat or eat", or "cool or eat."¹⁵

Studies have found housing unaffordability is significantly associated with various health-related behaviours and outcomes including: poor self-rated health; poor self-rated mental health; stress; food insecurity; not seeking/postponing prescriptions or health care due to financial cost; and physical health conditions such as hypertension and arthritis.^{16,17,18,19} Household energy insecurity, which is the disproportionate burden of electricity, natural gas and other utility costs, has been significantly linked with health-related behaviours and outcomes across the age spectrum including: for infants, lower weight for age scores, high nutritional risk for depressed growth, increased emergency department visits, increased developmental concerns; for children, food insecurity, poor reported health, increased hospitalizations, increased respiratory problems, increased developmental concerns; and for adolescents and adults, poor mental health.^{15,20}

Housing unaffordability constrains housing and neighbourhood choices

When housing costs are high, incomes are inadequate, or affordable housing is in limited supply, the housing and neighbourhood choices available to individuals are limited. As a result, people may end up living in poorer quality housing, exposing them to factors that are associated with poor health, or neighbourhoods with less access to factors important for health (e.g., safety, social cohesion, green space, access to employment and education, and access to services).

There is strong and well-established evidence that physical, chemical, and biological exposures in the home have adverse health effects and are associated with emotional and behavioural problems in children.^{21,22,23,24} Social, economic, and physical features of neighbourhoods have also been linked to various health-related behaviours and outcomes, including: self-rated health; disability; stress; chronic conditions; mental health; injuries; violence; physical inactivity (decreased walking, cycling, playing in parks); decreased access to services essential for health; bodily harm/injuries; and mortality.^{25,26,27,28,29}

Homelessness and housing instability have negative health impacts

Housing that is unaffordable, insecure, poor quality, and unsuitable can threaten housing stability and lead to overcrowding, frequent moves, eviction, and homelessness, which negatively impact health. Violence and abuse in the home, chronic health conditions, and mental health and/or substance use issues can also impact housing stability and ultimately lead to homelessness.

Overcrowding

Studies have found links between overcrowding and a range of health outcomes in children and adults such as: psychological distress; general physical health; haemophilus influenza type b infection; hepatitis B infection; type 1 diabetes mellitus; tuberculosis; helicobacter pylori infection; meningitis; respiratory conditions; and mortality.^{30,21} An emerging body of evidence has found links between overcrowding and poor mental health in children.³⁰ Living in close proximity, congregate, poorly ventilated and closed conditions in shelters, rooming houses, and institutional settings increases the risk of transmission and outbreaks of communicable diseases such as tuberculosis and group A streptococcus. Individuals in these settings are often highly vulnerable, with mental and/or physical health comorbidities which can increase their susceptibility to infection and related complications.

Residential mobility

Residential mobility and forced relocations such as evictions have a major impact on families, particularly on the mental and physical health of children.³¹ Studies have found strong evidence of a link between residential mobility and behavioural and emotional problems in school age children and increased behavioural disturbance, poorer emotional adjustment, increased teenage pregnancy rates, earlier drug use, drug related problems and teenage depression in school age children and adolescents.^{32,24}

Homelessness

The poorer mental and physical health status of homeless people is well-documented.³³ Homeless people are at increased risk of death and suffer from a wide range of health problems including mental health and substance use issues. Assault and violence, social isolation and lack of social supports, and barriers to accessing health care including discrimination, which can have negative impacts on health, are also prevalent among homeless people.

Homelessness experienced during early childhood is harmful to children's growth and development which can lead to negative impacts on health in later life. Recent research in

the US suggests that the earlier and longer a child experiences homelessness, the greater the cumulative impact of negative health outcomes.³⁴

Housing interventions with positive health impacts

Reducing shelter costs, improving housing and neighbourhood quality, and providing supportive services can have positive impacts on health by freeing up income for essentials that promote health, decreasing exposure to conditions in the home and neighbourhood that may be harmful to health, reducing overcrowding, and improving housing and residential stability.

Research has demonstrated that subsidized housing and rental assistance programs such as housing vouchers (also known as housing allowances or benefits), which assist low income families, seniors, and people with disabilities to find and afford housing in the private market, can have a positive impact on health.^{35,36,37} A number of systematic reviews in the United States have found evidence of positive impacts of rental voucher programs on health and its determinants, including: improving reported physical and mental health; decreasing health service use; reducing homelessness and overcrowding; reducing malnutrition due to food insecurity; improving household and neighbourhood safety; and decreased likelihood of living in high-poverty neighbourhoods.^{36,37,38}

There is also strong evidence that interventions to improve housing conditions (particularly those targeted to people with poor health and living in poor housing conditions) and neighbourhood conditions (through revitalization or relocating people from high to low poverty areas) have the potential to improve health.³⁹ Green building interventions that incorporate health and environmental quality goals have been found to reduce health risks, improve health, and reduce health care utilization.⁴⁰ A recent report commissioned by TCHC predicted that without investment by all three levels of government in TCHC's capital repair plan, by 2030 TCHC can expect over 90% of its units to be in poor or critical condition or have to be closed for being in an unsafe state of repair.⁴¹ This would lead to a predicted 1.1 million additional health care visits and \$1.55 billion in health care costs over the next 30 years. Conversely, full investment in capital repairs was predicted to reduce health care system use by 2.1 million visits and health care costs by \$3.8 billion.

Research has also found that stable and supportive housing along with other mental, social, and health supports can have positive impacts for particular populations such as people with mental health and/or substance use issues^{42,43} and people with chronic health conditions such as HIV.^{44,45} Housing First with appropriate supports has been demonstrated to be an effective approach for helping homeless people become stably housed, however its success depends on an adequate supply of safe, secure, quality affordable housing with intensive case management and supports. Interventions that focus on preventing child and family homelessness in the prenatal period such as rapid re-housing with intensive case management have also been shown to be effective.³⁴

Current City initiatives to address affordable housing and housing instability in Toronto

The City of Toronto is undertaking a number of initiatives to address the affordability, quality, and stability of housing in Toronto. The City's housing stability and affordability goals are outlined in the Housing Opportunities Toronto (HOT) Affordable Housing Action Plan 2010-2020 and the 2014-2019 Housing Stability Service Planning Framework. These goals are aligned with the City's Poverty Reduction Strategy, which recognizes housing stability as a key pillar for poverty reduction and building a prosperous and inclusive Toronto. The HOT plan is intended to steer the work and investment decisions of the City in partnership with the federal and provincial governments, and public and private housing sectors. Fundamental to the plan is a Housing Charter which outlines the City's policy that fair access to a full range of housing is fundamental to strengthening Toronto's economy, its environmental efforts, and the health and social well-being of its residents. Revitalizing neighbourhoods and developing mixed-income and mixed-use communities is a key component of the HOT plan and the City is undertaking a number of these initiatives through its Strong Neighbourhoods Strategy. The City is in the process of updating its HOT plan and TPH provided input into the consultation process, highlighting the need for: new affordable, supportive, and accessible housing; increased supports (i.e., social, legal, mental health, harm reduction, and employment supports) for at risk groups; increased housing assistance such as portable housing allowances; and addressing discrimination within the housing system.

The supply of new affordable housing is a top priority and key strategic action for the City. The new "Open Door Program" has recently been approved by City Council to help meet the City's annual affordable housing targets of 1,000 new rental homes and 400 new ownership homes, established under the HOT plan. Through this program, the City will increase and streamline access to the financial supports and incentives for affordable housing; fast track the development approvals process for affordable housing; and make available more surplus City lands for new affordable housing development. In partnership with the private and non-profit sectors, and other levels of government, a number of Open Door pilot projects are already under development, and several more are in the planning stages.

Building on the policy directions in the HOT plan, SSHA's 2014-2019 Housing Stability Service Planning Framework is intended to transform the existing housing stability service system into an integrated, outcome-driven service system focussed on preventative approaches targeted at improving the housing stability of Torontonians. The evidence from *Housing and Health: Unlocking Opportunity* supports a number of SSHA's key strategic directions and initiatives including: a greater focus on homelessness prevention using a Housing First approach; developing an eviction prevention strategy; developing partnerships to prevent people being discharged from various systems (e.g., health, child welfare, and corrections) into homelessness; developing strategies to ensure that housing services are responsive to the needs of specific groups (i.e., women, seniors, Indigenous people, LGBTQ2S people, and people with substance use and/or mental health issues); updating the Toronto Shelter Standards to include a harm reduction

component and enhanced standards for LGBTQ2S clients and new mandatory staff training requirements; and a *Raising the Bar* initiative which includes the development of a new system of standards and supports to social housing providers to improve the quality and sustainability of social housing.

TPH also plays a role in addressing homelessness and housing instability in Toronto. TPH provides a number of programs and services (e.g., Homeless At Risk Prenatal program, Vulnerable Adults and Seniors Team, Tuberculosis Prevention and Control, and Health Hazard Prevention and Management Program, which includes the Bed Bug Control Initiative) to support people who are experiencing homelessness or housing instability, and/or living in unsafe or hazardous housing conditions. Many of these people are seniors, newcomers, pregnant women or new parents who may also be experiencing challenges such as having physical, mental health, and/or substance use issues, living in poverty, or experiencing social isolation. These programs are delivered in various settings such as client homes, rooming houses, long-term care homes, drop-ins, shelters, private rental buildings, social housing, and on the street using mobile vans. TPH programs work collaboratively with other City Divisions such as Municipal Licensing and Standards, Fire Services, SSHA, Long-Term Care Homes and Services, and external community agencies to address these issues. TPH programs facilitate access to housing supports and assist clients in navigating these systems.

TPH is also collaborating with SSHA to identify opportunities to address the emergency, transitional and permanent housing needs of people affected by intimate partner violence. The Toronto Drug Strategy is collaborating with SSHA on the implementation of a harm reduction framework in City funded shelters, drop-ins and social housing. TPH is working with women's shelters across the city to develop policies and procedures based on a harm reduction model to enhance their capacity to serve women using substances. TPH's recently released Indigenous Health Strategy (2016-2021), that will guide TPH and the Toronto Central LHIN on improving health outcomes for Indigenous people in Toronto, identified influencing social determinants of Indigenous health, in particular the housing system, as one of its strategic directions.

In addition, TPH is collaborating with various stakeholders on policy, public education and outreach, and research initiatives to address specific housing-related issues such as extreme heat in multi-residential apartment buildings and the impact of cold weather on homeless populations.

New investments are needed to promote health

Upstream policies and programs in the area of affordable housing and related areas such as income security, employment, and health care play a paramount role in shaping the social and economic context in which people live. To promote the health of Torontonians and reduce health inequities increased investment and new policies and program interventions are needed that: increase the supply and repair and maintenance of affordable, supportive, and accessible housing; provide adequate income, financial assistance and employment so that people are not forced to make difficult choices between their rent and food; tackle discrimination within the housing system; and prevent

homelessness in the early years (i.e. during pregnancy, childhood, and adolescence) through health care investments such as mental health promotion and supports as well as violence prevention. Housing is a high priority for all three levels of government and this makes it an opportune time to consider health and health equity as explicit goals in housing policy and program development at the federal, provincial and municipal levels.

Federal Government

The City of Toronto and a number of housing and anti-poverty advocates in the private and non-profit sectors have been calling on the federal government to develop, implement, and invest in a national housing strategy to address the full spectrum of Toronto's housing needs. The federal government has already signaled a willingness to re-engage in affordable housing with significant investments in the 2016 Federal Budget for social infrastructure including affordable housing and the development of a National Housing Strategy. While these are positive steps forward, meeting Toronto's affordable housing and housing stability needs will require the federal government (in partnership with the provincial government) to provide adequate, sustained, and predictable long-term funding for new affordable and social housing construction and repair, and homelessness prevention. Given the evidence of the health impacts of poor quality housing, ongoing federal and provincial funding for affordable and social housing repairs and neighbourhood revitalizations is essential to promote the health of Torontonians and reduce health inequities in an increasingly vulnerable population.

Given the connection between homelessness, housing instability, and mental health, the National Housing Strategy should make explicit the goal to end homelessness with specific timelines and targets. This needs to be supported by sustained permanent funding for homelessness prevention, including mental health services and supportive housing. The federal Homelessness Partnering Strategy program to prevent and reduce homelessness has been an important source of investment in Toronto's housing and homelessness services. Although funding was extended until 2019 under the 2013 Federal Economic Action Plan, the funding is not permanent and ongoing.

Provincial Government

The Province of Ontario through its Poverty Reduction Strategy established a long-term goal to end homelessness and its updated Long-Term Affordable Housing Strategy is transforming the housing system. Specifically, the Province has committed to enabling municipalities to implement inclusionary zoning through the Promoting Affordable Housing Act, 2016. The City of Toronto and other housing advocates have been calling on the Province for inclusionary zoning powers to address the shortage of affordable housing supply. The Board of Health also made a request to the Province to enable inclusionary zoning. In developing the legislative and regulatory framework for inclusionary zoning, the Province should ensure that municipalities are given the flexibility to implement an inclusionary zoning program that reflects and responds to local needs and housing markets.

Increased investment in programs that prevent homelessness in the early years and improve housing stability are also needed, particularly those that target youth and prevent

evictions. The Province has committed to developing a framework for a portable housing allowance and is piloting a portable housing allowance for survivors of domestic violence which represents a positive step forward. Various groups from the private sector, non-profit sector, and academic community have been calling on the Province of Ontario to implement a portable housing benefit (or allowance) as one component of a broader solution to addressing housing-related poverty. Unlike the current rent-gear-to-income system in which a rent supplement is paid to the landlord and attached to the unit, a portable housing benefit would be paid directly to the tenant and would give people choice and flexibility to use it in either the private or social market sector and in neighbourhoods that are close to schools, work, and child care. Research in the United States has found positive impacts of housing voucher/allowance programs on health and its determinants. Recognizing these benefits, in 2013, the City of Toronto created a Housing Allowance Reserve Fund to provide time-limited housing allowances. The City also uses approximately half of the funding from the joint federal-provincial Investment in Affordable Housing program to deliver housing allowances. However, the housing allowances are limited in number, not available to the general public^{iv}, and do not meet the demand for housing subsidies. The development of an Ontario framework for a portable housing benefit is promising, provided that it is adequately funded on an ongoing basis. However, in the absence of an Ontario program, increased funding is required to enable the City to establish a permanent program administered at a local level.

The Province has also committed operating funding for housing allowances and support services to assist individuals and families in new supportive housing, as well as capital funding to support the construction of new supportive housing units over the next three years. In addition, the province is in the process of developing a Supportive Housing Policy Framework. Health sector organizations such as the Canadian Mental Health Association and the Centre for Addiction and Mental Health have been calling on the provincial government to increase the supply and range of supportive housing, including harm reduction housing, for people with mental health and/or substance use issues. These populations face multiple barriers in trying to find and maintain housing including a lack of harm reduction and supportive housing options, lack of social and health supports, and stigma and discrimination by landlords, housing providers, and communities, and eviction from housing due to substance use. A diversity of housing and support options are needed including housing that is integrated into the community (i.e., scattered sites), dedicated harm reduction housing with policies, programs, and supports attached, and supports in the social and rooming housing sector.

City of Toronto

The City can also play a role in both providing housing and ensuring that housing is inclusive of at risk populations such as people with mental health and/or substance use issues, homeless pregnant and parenting women, and people affected by violence. Increasing housing options for people who use alcohol/other drugs, including supportive, affordable, and harm reduction housing was identified as a priority in the Toronto Drug Strategy (TDS) 2014 implementation report. The main focus of this work is to collaborate

^{iv} New housing allowances are targeted to vulnerable groups, such as people who are living on the street, those who have been in shelters for a long time, and those at risk of losing their housing.

with housing providers on strategies to increase access to housing and prevent evictions. TPH is also working with SSHA on the implementation of a harm reduction framework in City funded shelters, drop-ins and social housing, which is an important foundational step in setting policy direction and can be a strong mechanism for systemic change.

Given the evidence of the adverse and lasting impacts of homelessness and housing instability on children's healthy growth and development, interventions that focus on preventing child and family homelessness in the early years are needed. One step is for the City to explore strategies to increase transitional housing for homeless pregnant and parenting women.

Conclusion

Housing that is affordable, good quality, and stable is key for promoting population health and reducing health inequities. As the City's HOT plan acknowledges, investment in housing is an investment in health promotion and illness prevention. Addressing homelessness and housing instability requires a collective effort and partnerships from all levels of government. While the City is currently undertaking a number of initiatives to address these issues, its success in achieving its strategic goals of fair access to a full range of housing in neighbourhoods of choice depends on predictable, long-term investments in the supply of affordable housing and prevention of homelessness. Research and lived experience on the many connections between housing and health demonstrate the importance of re-articulating the historic link between housing and health and building health into housing policies and programs. TPH will continue to work collaboratively with the City and community partners to ensure that housing policies and program interventions are supportive of health.

CONTACT

Jan Fordham
Manager, Healthy Public Policy
Phone: 416-338-7443
Email: fordham@toronto.ca

Monica Campbell
Director, Healthy Public Policy
Phone: 416-338-0661
Email: mcampbe2@toronto.ca

SIGNATURE

Dr. Barbara Yaffe
Acting Medical Officer of Health

ATTACHMENT

Attachment 1: Housing and Health: Unlocking Opportunity, October, 2016.

REFERENCES

- ¹ Demographia. (2015). *12th annual Demographia international housing affordability survey: 2016*. Retrieved from <http://www.demographia.com/dhi.pdf>
- ² RBC Economics. (2016). Housing trends and affordability report - June 2016. Retrieved from <http://www.rbc.com/newsroom/assets-custom/pdf/20160622-ha.pdf>
- ³ Hulchanski, J. D. (2010). *The three cities within Toronto: Income polarization among Toronto's neighbourhoods, 1970-2005*. Toronto, ON: Cities Centre, University of Toronto. Retrieved from <http://www.urbancentre.utoronto.ca/pdfs/curp/trnn/Three-Cities-Within-Toronto-2010-Final.pdf>
- ⁴ Stapleton, J., & Kay, J. (2015). *The working poor in the Toronto region: Mapping working poverty in Canada's richest city*. Toronto, ON: Metcalf Foundation. Retrieved from <http://metcalffoundation.com/stories/publications/the-working-poor-in-the-toronto-region-mapping-working-poverty-in-canadas-richest-city/>
- ⁵ Canada Mortgage and Housing Corporation (CMHC) (census-based and National Housing Survey-based housing indicators and data). Core Housing Need (2011) – Toronto (C).
- ⁶ City of Toronto. (2013). *2011 National household survey: Income and shelter costs*. Toronto, ON: Author. Retrieved from <https://www1.toronto.ca/City%20of%20Toronto/Social%20Development,%20Finance%20&%20Administration/Shared%20Content/Demographics/PDFs/Reports/nhs-backgrounder-income-shelter.pdf>
- ⁷ Canadian Rental Housing Index. Rental index – Affordability – Toronto (Based on the 2011 National Housing Survey). Retrieved from <http://rentalhousingindex.ca/>
- ⁸ City of Toronto. *Quick facts about homelessness and social housing in Toronto*. Retrieved from <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=f59ed4b4920c0410VgnVCM10000071d60f89RCRD>
- ⁹ City of Toronto. (2013). *2013 Street needs assessment*. Toronto, ON: Author. Retrieved from www.toronto.ca/legdocs/mmis/2013/cd/bgrd/backgroundfile-61365.pdf
- ¹⁰ Housing Connections. (2016). *Monthly statistical report – June 2016*. Retrieved from <http://www.housingconnections.ca/pdf/MonthlyReports/2016/Monthly%20Report%20-%20June%202016.pdf>
- ¹¹ Ontario Non-Profit Housing Association (2016). *2016 Waiting lists survey report: ONPHA's final report on waiting lists statistics for Ontario*. Toronto, ON: Author. Retrieved from <http://qc.onpha.on.ca/flipbooks/WaitingListReport/>
- ¹² City of Toronto. (2016). *Tenants first: A way forward for Toronto Community Housing and social housing in Toronto*. Retrieved from <http://www.toronto.ca/legdocs/mmis/2016/ex/bgrd/backgroundfile-94222.pdf>
- ¹³ The Access Point. *The Access Point: Our data, July 2013 - March 2016*. Retrieved from <http://theaccesspoint.ca/wp-content/uploads/2016/06/TAP-data-2013-2016-updated.pdf>
- ¹⁴ Toronto Department of Health. (1911). *The report of the Medical Officer of Health: dealing with the recent investigation of slum conditions in Toronto, embodying recommendations for the amelioration of the same*. Toronto, ON: Author.

- ¹⁵ Cook, J. T., Frank, D. A., Casey, P. H., Rose-Jacobs, R., Black, M., Chilton, M., ... Cutts, D. B. (2008). A brief indicator of household energy security: Associations with food security, child health, and child development in US infants and toddlers. *Pediatrics*, 122(4), 867-875.
- ¹⁶ Pollack, C. E., Griffin, B. A., & Lynch, J. (2010). Housing affordability and health among homeowners and renters. *American Journal of Preventive Medicine*, 39(6), 515-521.
- ¹⁷ Schwartz, A., & Meltzer, R. (2016). Housing affordability and health: Evidence from New York City. *Housing Policy Debate*, 26(1), 80-104.
- ¹⁸ Dunn, J. (2002). Housing and inequalities in health: a study of socioeconomic dimensions of housing and self reported health from a survey of Vancouver residents. *Journal of Epidemiology and Community Health*, 56(9), 671-681.
- ¹⁹ Kirkpatrick, S. I., & Tarasuk, V. (2011). Housing circumstances are associated with household food access among low- income urban families. *Journal of Urban Health*, 88(2), 284-96.
- ²⁰ Liddell, C., & Morris, C. (2010). Fuel poverty and human health: A review of recent evidence. *Energy Policy*, 38(6), 2987-2997.
- ²¹ Hwang, S., Fuller-Thomson, E., Hulchanski, J. D., Bryant, T., Habib, Y., & Regoeczi, W. (1999). *Housing and population health: A review of the literature*. Toronto, ON: Centre for Applied Social Research, University of Toronto. Retrieved from http://www.urbancentre.utoronto.ca/pdfs/researchassociates/1999_Hulchanski-et-al_Hous%202.pdf
- ²² Moloughney, B. (2004). *Housing and population health: The state of current research knowledge*. Ottawa, ON: Canadian Institute for Health Information. Retrieved from https://secure.cihi.ca/free_products/HousingPopHealth_e.pdf
- ²³ Quansah, R., Jaakkola, M. S., Hugg, T. T., Heikkinen, S. A. M., & Jaakkola, J. J. K. (2012). Residential dampness and molds and the risk of developing asthma: A systematic review and meta-analysis. *PLoS ONE*, 7(11):e47526. Retrieved from <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0047526>
- ²⁴ Coley, R. L., Leventhal, T., Lynch, A. D., & Kull, M. (2013). Relations between housing characteristics and the well-being of low-income children and adolescents. *Developmental Psychology*, 49(9), 1775-1789.
- ²⁵ Pickett, K. E., & Pearl, M. (2001). Multilevel analyses of neighbourhood socioeconomic context and health outcomes: A critical review. *Journal of Epidemiology and Community Health*, 55(2), 111-122.
- ²⁶ Coutts, A., & Kawachi, I. (2006). The urban social environment and its effects on health. In N. Freudenberg, S. Galae, and D. Vlahov (Eds.), *Cities and the health of the public* (pp. 49-60). Nashville, TN: Vanderbilt University Press.
- ²⁷ Robert, S. (1999). Socioeconomic position and health: The independent contribution of community socioeconomic context. *Annual Review of Sociology*, 25, 489-516.
- ²⁸ Canadian Institute for Health Information. (2006). *Improving the health of Canadians: An introduction to health in urban places*. Ottawa, ON: Author. Retrieved from https://secure.cihi.ca/free_products/PH_Full_Report_English.pdf

- ²⁹ Robert Wood Johnson Foundation. (2011). *How social factors shape health: Violence, social disadvantage and health* (Issue Brief Series: Exploring the Social Determinants of Health). Princeton, NJ: Author.
- ³⁰ The United Kingdom Office of the Deputy Prime Minister (2004). *The impact of overcrowding on health & education: A review of evidence and literature*. Great Britain: Office of the Deputy Prime Minister Publications. Retrieved from <http://dera.ioe.ac.uk/5073/>
- ³¹ Desmond, M., & Kimbro, R. T. (2015). Eviction's fallout: Housing, hardship, and health. *Social Forces*, 94(1), 295-394.
- ³² Jelleyman, T., & Spencer, N. (2008). Residential mobility in childhood and health outcomes: A systematic review. *Journal of Epidemiology and Community Health*, 6(7), 584-592.
- ³³ Khandor, E., & Mason, K. (2007). *The Street Health report 2007*. Toronto, ON: Street Health. Retrieved from www.streethealth.ca/downloads/the-street-health-report-2007.pdf
- ³⁴ Sandel, M., Sheward, R., & Sturtevant, L. (2015). *Compounding stress. The timing and duration effects of homelessness on children's health*. The Centre for Housing Policy & Children's Health Watch. Retrieved from http://media.wix.com/ugd/19cfbe_07b13c8e56a14337a316e2e991aa0bf7.pdf
- ³⁵ CMHC. (2010). *Affordable housing for families: Assessing the outcomes*. (Socio-economic Series 10-007). Ottawa, ON: Author. Retrieved from <https://www.cmhc-schl.gc.ca/odpub/pdf/67033.pdf>
- ³⁶ Anderson, L. M., St. Charles, J., Fullilove, M. T., Scrimshaw, S. S., Fielding, J. E., and Norman, J., and the Task Force on Community Preventive Services. (2003). Providing affordable family housing and reducing residential segregation by income: A systematic review. *American Journal of Preventive Medicine*, 24(3S), 47-67.
- ³⁷ Acevedo-Garcia, D., Joshi, P., Ramirez, A. S., Rosenfeld, L., & Geronimo, K. (2012, November 10). *The health impact of subsidized housing: A systematic review of the section 8 voucher program*. Paper presented at the 2012 Association for Public Policy Analysis and Management Fall Research Conference, Baltimore, MD.
- ³⁸ National Center for Healthy Housing. (2008). *Housing interventions and health: A review of the evidence*. Columbia, MD: Author. Retrieved from <http://www.nchh.org/Portals/0/Contents/Housing%20Interventions%20and%20Health.pdf>
- ³⁹ Thomson, H., Thomas, S., Sellstrom, E., & Petticrew, M. (2013). Housing improvements for health and associated socioeconomic outcomes. *Cochrane Database of Systematic Reviews*, Issue 2. Art. No.: CD008657. DOI: 10.1002/1461858.CD008657.pub2.
- ⁴⁰ Allen, J. G., MacNaughton, P., Laurent, J. G. C., Flanigan, S. S., Eitland, E. S., & Spengler, J. D. (2015). Green buildings and health. *Current Environmental Health Reports*, 2(3), 250–258.
- ⁴¹ Canadian Centre for Economic Analysis. (2015). *Socio-economic analysis: Value of Toronto Community Housing's 10-year capital investment plan and revitalization*.

Retrieved from <http://www.toronto.ca/legdocs/mmis/2015/ah/bgrd/backgroundfile-79525.pdf>

- ⁴² Addictions & Mental Health Ontario (2013). *Addictions supportive housing literature review*. Retrieved from <http://eenet.ca/wp-content/uploads/2013/12/ASH-Lit-Review-FINAL.pdf>
- ⁴³ Rogers, E. S., Kash-MacDonald, & M., & Olschewski, A. (2009). *Systematic review of supported housing literature, 1993-2008*. Boston University, Sargent College: Center for Psychiatric Rehabilitation. Retrieved from <http://www.bu.edu/drrk/research-syntheses/psychiatric-disabilities/supported-housing/>
- ⁴⁴ Cohen, R. (2007). *Positive impacts of affordable housing on health: A research summary*. Enterprise & The Centre for Housing Policy. Retrieved from <https://s3.amazonaws.com/KSPProd/cache/documents/651/65101.pdf>
- ⁴⁵ Leaver, C. A., Bargh, G, Dunn, J. R., & Hwang, S. W. (2007). The Effects of housing status on health-related outcomes in people living with HIV: A systematic review of the literature. *AIDS and Behavior*, *11*(2), 85-100.