

## Housing Approaches that Support Health

**Date:** December 19, 2019

**To:** Board of Health

**From:** Medical Officer of Health

**Wards:** All

### SUMMARY

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Housing is an important determinant of health that has complex and multi-faceted relationships to health and health equity. At the intersection of health and housing, several populations are particularly at risk, including seniors and people with mental health and/or substance use issues. Supportive housing that matches housing need with the service needs of vulnerable subgroups is a key consideration in addressing Toronto's housing challenges. For example, integrating a harm reduction approach across housing types is a critical component of the response to the opioid crisis. Making progress requires a cooperative, multi-sectoral approach, and investments from all levels of government.

Toronto Public Health strongly supports the efforts of the City of Toronto's Housing Secretariat to work across sectors and City divisions and agencies to provide a coordinated response to the range of housing needs for Toronto residents, as outlined in the HousingTO 2020-2030 Action Plan. This report responds to direction from the Board of Health, and summarizes approaches from Toronto and other jurisdictions with a focus on actions that can support the health needs of vulnerable Toronto residents. Recommendations reinforce the need for federal and provincial funding to allow the City of Toronto to act on its commitment to increasing housing options for Torontonians, in particular housing for vulnerable populations.

### RECOMMENDATIONS

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The Medical Officer of Health recommends that:

1. The Board of Health express its support for the themes reflected in the HousingTO 2020-2030 Action Plan.
2. The Board of Health urge the federal and provincial governments to increase funding to community-based organizations and health care providers to support tenants with substance use and/or mental health issues through the following services: case management, peer support, harm reduction (including overdose prevention and

response), crisis support, withdrawal management and other drug treatment, mental health services, and supports for daily living.

3. The Board of Health urge the federal and provincial governments to provide capital and ongoing operating funding to support the creation and delivery of 18,000 supportive housing units in the City of Toronto over the next 10 years.

4. The Board of Health request the Medical Officer of Health to forward this report to the Executive Director, Housing Secretariat, for consideration in the implementation of the HousingTO 2020-2030 Action Plan.

5. The Board of Health request the Medical Officer of Health to forward this report to the General Manager, Shelter, Support and Housing Administration, for consideration as part of the updated Housing Stability Service Planning Framework.

6. The Board of Health request the Medical Officer of Health to provide ongoing consultation and feedback during the implementation of the HousingTO 2020-2030 Action Plan and the updated Housing Stability Service Planning Framework.

## **FINANCIAL IMPACT**

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There is no financial impact resulting from the adoption of the recommendations in this report.

## **DECISION HISTORY**

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In December 2019, the City of Toronto released a new 10-year housing plan, HousingTO 2020-2030 Action Plan. The Action Plan was adopted with amendments by City Council on December 17.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.PH11.5>

In October 2019, City Council adopted a member's motion that requested that the Federal government provide \$300 million annually to address Toronto's mental health and substance use crises, and provide an additional \$600 million annually to the City of Toronto to help build 18,000 supportive housing units over 10 years.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.MM11.12>

In June 2019, the Board of Health and City Council endorsed the 2019 update to the Toronto Overdose Action Plan, which included an urgent call for more affordable housing options, including harm reduction housing.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.HL7.1>

On June 10, 2019, the Board of Health directed that a report on Fetal Alcohol Spectrum Disorder - Activities to Address Key Priorities from the Medical Officer of Health be forwarded to the Interim Executive Director, Housing Secretariat, the Executive Director, Social Development, Finance and Administration, and the General Manager, Shelter,

Support and Housing Administration, for consideration in their ongoing review of programs, policies, and processes in their mandates.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.HL7.3>

On February 25, 2019, the Board of Health endorsed the Toronto Indigenous Overdose Strategy, which included a call for the City to address homelessness, housing gaps and housing supports for Indigenous People.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.HL3.1>

On February 5, 2019, the Board of Health requested the Medical Officer of Health to articulate the critical role of supportive and harm reduction housing as part of the development of the City of Toronto's new 10-year affordable housing plan.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.HL3.7>

On January 30, 2019, Toronto City Council requested the Planning and Housing Committee bring forward a report on options for an aggressive supportive and transitional housing build plan in Toronto.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.MM2.9>

## COMMENTS

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### Background

In 2019, City Council and the Board of Health passed a number of motions related to supportive and transitional housing. These have come against a backdrop of intensified efforts to improve overall housing affordability and availability in Toronto, and in parallel with the development of a new, long-term housing and homelessness action plan for the City of Toronto.

In December 2019, the City's new 10-year housing strategy was released. The HousingTO 2020-2030 Action Plan addresses issues across the housing continuum, from the need for emergency shelter beds, safe and legal multi-tenant houses, long-term care homes, supportive, transitional, social and affordable rental housing, to market affordability challenges for first-time home buyers. The HousingTO 2020-2030 Action Plan outlines 13 key strategic directions and 76 actions for all levels of government to address these housing needs. Examples of the actions include: adopting an updated Housing Charter that advances a human rights based approach to adequate housing; reviewing the establishment of a Housing Commissioner of Toronto to address systemic discrimination and barriers to the right to adequate housing; and focusing on upstream interventions, such as eviction prevention and shelter diversion strategies, that prevent people from becoming homeless. The Plan also includes actions to increase the availability of supportive housing, such as looking at opportunities to leverage existing shelter properties to develop supportive housing options, and piloting innovative programs with support from other levels of government and in partnership with the non-profit housing sector.

This staff report describes the impact of housing instability on short- and long-term health, identifies vulnerable populations in Toronto who are in particular need of housing

solutions, and offers program and policy examples from Toronto and other jurisdictions for consideration by the Housing Secretariat in its work to implement the HousingTO 2020-2030 Action Plan. The needs for supportive housing in Toronto require greater investment by all levels of government. The City of Toronto has requested the provincial and federal governments to provide new investments in capital and operating funding, a key requirement for achieving housing solutions that meet the needs of all Toronto residents.

## **Housing and Health**

Housing is a social determinant of health. A significant body of evidence shows that the relationship between housing and health is multifaceted, complex, and that housing has strong interactions with other social determinants of health. Research and the lived experience of people in Toronto demonstrates that housing unaffordability, poor quality housing, and housing instability, are associated with a range of poor mental and physical health outcomes and can result in significant costs to the health care system.<sup>1</sup>

Good quality, stable housing that is affordable to a broad range of people is important for health and overall well-being, and for building healthy and inclusive communities.<sup>2,3</sup> People who enjoy stable living conditions and appropriate supports are better positioned to lead their healthiest, happiest, and most productive lives.<sup>2,3</sup> Helping people stay housed has also been shown to significantly reduce costs in other sectors, including healthcare, law enforcement, criminal justice, and emergency services.<sup>1</sup>

Supportive, transitional, and housing first strategies are designed to promote independent living for seniors, people with developmental disabilities, and people with substance use or mental health issues through the provision of daily living supports. Supports may include personal and home care, skills building, counselling, alcohol and other drug treatment, nursing care and medical reminders and safety checks, meals, recreation, and educational or vocational assistance. Support may be intermittent or provided on a 24-hour basis, depending on need. Currently there are long waitlists for supportive housing in Toronto and there is a much greater need for spaces than what is available.

### *Quality*

Housing that is not affordable to a broad range of people limits their options. They may have little or no choice as to the neighbourhood they live in, or the quality of the accommodation they can afford. People living in low quality or poorly maintained housing are also more likely to be exposed to biological and chemical hazards, such as lead exposure from old paint or contaminated soil, or carbon monoxide poisoning from faulty heating systems. Poorly designed or constructed homes can increase the risk of trips, slips, falls, and other injuries.<sup>4,5</sup> Building codes are meant to limit these kinds of dangers, but they cannot protect occupants of older dwellings, dwellings that are in disrepair, or those which have not been upgraded to Building Code standards.<sup>6</sup> Living in neighbourhoods with high crime rates also has an impact on health. Being exposed to violence in an unsafe neighbourhood can increase stress, limit movement and social interaction, and prevent walking, cycling, and playing in parks, all of which are essential for health.<sup>7</sup>

## *Affordability*

Some people are able to afford choice in terms of neighbourhood or type of dwelling, but to do so they must spend a large proportion of their income on housing. This leaves little money left over for other basic elements of a healthy life such as food, clothes, medication, and recreational activities. It creates situations in which people must choose between paying their rent and purchasing other basic necessities, such as groceries, which in turn affects their health. The Daily Bread Food Bank's 2019 annual report on hunger in Toronto found that over half (52 percent) of food bank clients surveyed reported skipping meals to pay bills, most frequently rent, phone bills, or transportation.<sup>8</sup> Financially strapped households may also face trade-offs between paying rent and utility bills, which may mean limited access to heat and/or air conditioning throughout the year.

## *Stability*

There is not a universal definition for housing instability. It can encompass everything from difficulty paying rent, moving frequently and couch surfing, to overcrowding, and homelessness. Overcrowding has been shown to affect mental health, stress levels, relationships and sleep, and it can also increase the risk of infectious disease.<sup>9</sup> Moving three or more times in a year has also been associated with negative health outcomes, particularly in children, who are more likely to have chronic conditions and poor physical health as a result.<sup>10</sup>

## **Priority Populations in Toronto**

High demand and low supply of affordable housing affects all Torontonians. But, at the intersection of health and housing, several populations are particularly at risk and face challenges. Health and psychosocial needs mean that these groups often require housing that incorporates health and social services which enhance the client's health and the sustainability of the housing they inhabit, in addition to quality, affordable and stable housing. This type of housing can be hard to find in the best of circumstances, and where the housing supply is limited, the challenge is even greater. Key populations of concern are described below.

### *Seniors*

Toronto's population is getting older. The proportion of seniors aged 65 years and older increased over the ten years from 2006 (14 percent) to 2016 (16 percent). By 2030, this figure is projected to increase to about 19 percent of the population, or more than 678,000 individuals.<sup>11</sup> This population is expected to put increasing pressure on the healthcare system, and have decreased mobility, which will impede their ability to participate in active life. Some groups of seniors also face significant challenges in the housing market. In 2010, female seniors (65 years and older) living alone had the second highest incidence of core housing need (38.1 percent) of all household types in Toronto.<sup>12</sup>

### *Low-income Families with Children*

People who struggle to pay their rent are at risk of housing instability, which can result in frequent moves, evictions, and homelessness. Low-income families with children struggle to find safe, affordable housing in Toronto. Lone-parent households, particularly female-led, had the highest incidence of core housing need of all household types in Toronto in 2010.<sup>12</sup> Female lone-parents had almost twice the incidence of core housing need compared to all household types (40.8 percent versus 21 percent). Homelessness experienced by parents and children during the pre-natal, post-natal, and early childhood period is harmful to children's healthy growth and development.<sup>13</sup>

### *People with Mental Health and/or Substance Use Issues*

Stable, supportive housing has a key role to play in reducing health risks and improving the quality of life of people with substance use issues.<sup>14</sup> However, many people with mental health and/or substance use issues live in poverty and precarious or unstable housing conditions, including shelters, motels, rooming houses, or staying with friends or relatives, which may increase their risk of eviction and homelessness. They may also face multiple barriers in finding and maintaining housing, including a lack of harm reduction and supportive housing options, as well as stigma and discrimination by housing providers and communities.<sup>1</sup> Under-served populations living with mental health and substance use needs are intensifying Toronto's affordable housing and shelter emergencies, and require unique community-oriented mental health services, such as consumption and treatment sites, harm reduction training and supplies, and increased access to counselling and psychotherapy services.

### *People with Chronic Illnesses and/or Disabilities*

For people with chronic illnesses, physical or developmental disabilities, housing stability is associated with increased adherence to medication and treatment regimes and more appropriate utilization of health and social services.<sup>15</sup> However, people often face discrimination and other barriers in trying to access appropriate housing or get essential modifications made to their housing.<sup>16</sup> Reports from the community, for example, have highlighted challenges experienced by adults with Fetal Alcohol Spectrum Disorder (FASD). The lack of appropriate housing supports available for people living with FASD, mean that many are inappropriately housed within mental health and substance use facilities.<sup>17</sup>

### *Indigenous People*

Colonialism, structural and institutional racism, and government policies and practices including the Indian Act, residential school system, reserve system, and the systematic removal of children from their families and communities have all contributed to higher rates of social, economic, and health issues among Indigenous people in Canada. Indigenous people have a higher incidence of core housing need compared to non-Indigenous people in Toronto (27.9 percent versus 20.9 percent in 2010).<sup>12</sup> Indigenous people are also overrepresented in the Toronto homeless population, particularly in the outdoor homeless population.<sup>18</sup> The Toronto Aboriginal Research Project (2011) found that serious social problems such as unstable housing and lack of employment, and

poor physical and mental health were particularly acute among homeless Indigenous men in Toronto. Addressing racism by landlords and influencing supportive housing policy for the benefit of Indigenous youth, seniors, two-spirit, pregnant women, and women involved with the child welfare system, are key priorities.<sup>19,20</sup>

### *LGBTQ2S People and Youth*

People who identify as lesbian, gay, bisexual, trans, queer, and two-spirit (LGBTQ2S) also face significant housing-related barriers in Toronto, including homelessness.<sup>21</sup> Transphobia, homophobia, discrimination, harassment, violence, and threats of violence within the housing and shelter system can lead to unstable and unsafe living situations. LGBTQ2S youth who are homeless, often as a result of family rejection and conflict, are also at a greater risk for substance use, risky sexual behaviour, and mental health issues, which are made worse by a lack of specialized social and health supports.<sup>16</sup> A recent international systematic review of the causes of child and youth homelessness found that in North America, family conflict was the most commonly reported reason for street involvement, followed by poverty, abuse, and psychosocial health.<sup>22</sup>

### **Housing Approaches**

A summary of approaches from Toronto and other jurisdictions focused on addressing challenges related to housing and health is provided in Appendix 1. These initiatives meet four key goals for addressing housing needs of priority vulnerable groups that parallel those being pursued by the Toronto Housing Secretariat:

1. Protecting, maintaining and expanding housing stock through municipal levers such as zoning or tax policies;
2. Applying a Housing First philosophy that fully integrates harm reduction approaches across housing opportunities as part of the City's response to the opioid overdose crisis;
3. Ensuring the right location and type of care is in place, such that supports and services addressing needs across life stages are integrated and coordinated with appropriate housing solutions; and
4. Planning healthy, complete communities that support residents' access to healthy living.

The housing initiatives profiled in Appendix 1 reveal that no single approach will address all the unique needs for stable, affordable housing that supports health, and that a continuum of options is needed. However, small, targeted initiatives, can yield greater collective impact, and assist in making progress on improving health outcomes related to housing. New housing models and approaches need to be implemented and evaluated to further the development of best practices in housing for vulnerable populations.

Toronto Public Health strongly supports the City Housing Secretariat's efforts to work across sectors to provide a coordinated response to the range of housing needs, and to realize the reduced costs from such an approach. As part of its work implementing the HousingTO 2020-2030 Action Plan with interdivisional partners, the Housing Secretariat will be identifying ways to protect and maintain existing housing stock and generate new, affordable stock in Toronto.

To achieve the goal of creating affordable housing solutions that meet the needs of all Toronto residents, capital and operating funding from the provincial and federal governments will be needed for supportive housing. Greater investment into supportive housing options is also an effective way to prevent and respond to homelessness for the key populations described in this report. The City's Housing Secretariat estimates the number of new mental health and addictions supportive housing opportunities needed in Toronto to be approximately 18,000 units, or 1,800 new units per year over the next ten years.

Increased provincial and federal investment is also required for community organizations and health care providers that respond to the complex needs of tenants with substance use and/or mental health issues. Funding is needed to enhance services such as case management, harm reduction (including overdose prevention and response), crisis support, withdrawal management and other drug treatment, mental health services, and supports with daily living. These are key elements of supportive housing for many priority populations in Toronto, and would further advance prevention measures as part of the City's ongoing response to the opioid poisoning crisis.

It is therefore recommended that the Board of Health reiterate the City of Toronto's previous requests for operating and capital investments in housing for Toronto's vulnerable populations. In addition, it is recommended that this report be forwarded to the City of Toronto Housing Secretariat for consideration in the implementation of the HousingTO 2020-2030 Action Plan, and to the Shelter, Support and Housing Administration Division for consideration as part of their update to the Housing Stability Service Planning Framework. It is also recommended that the Medical Officer of Health be available for ongoing consultation as these plans are being implemented.



## **CONTACT**

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## **SIGNATURE**

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## **ATTACHMENTS**

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Appendix 1: Housing Approaches

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