

Rosie Mishaiel:

Four walls and a roof, heat and hot water. These are the basic elements of housing that many of us take for granted. Every person wants to live in a space that is clean, dry, warm, reliable and secure. It is a basic human need and it should be a basic human right, but what happens when it's not an option? What is the impact on a person, on their health, when they can't rely on having a roof over their head? My name is Rosie Mishaiel, and this is Housing and Health: Unlocking Opportunity, a podcast produced by Toronto Public Health about housing in Toronto and how it impacts the health and wellbeing of the people who live here.

Rosie Mishaiel:

Over the course of this podcast series, we'll introduce you to Torontonians dealing with various housing issues and from their stories, you'll hear firsthand the connection between housing and health. A warning to listeners, we'll be discussing some sensitive subjects including discrimination and thoughts about suicide. You'll also hear detailed descriptions of poor living conditions. If you need support, please contact the Toronto Distress Center at 4164084357.

Rosie Mishaiel:

Many experts agree that the conditions in which people are born, grow, live, work, and age have the greatest influence on health. These conditions are called the social determinants of health. The quality of these conditions is not experienced equally or equitably in our society.

Eileen de Villa:

For many years, community organizers, frontline staff and people with lived experience have been talking about a housing crisis.

Rosie Mishaiel:

Few people in Toronto know this better than Dr. Eileen de Villa. She spent many years working with Toronto's urban deprived and underprivileged before rising to the role of the city's Medical Officer of Health. Dr. de Villa gave a talk about housing and

health, discussing how income, race, gender, language barriers, physical abilities, mental health and substance use are just a few of the many factors that affect access to stable housing.

Eileen de Villa:

When housing is unaffordable, the most marginalized in our city are pushed further into harm's way. Housing should never be a health hazard. Yet poor quality housing means exposure to physical, chemical and biological risks, overcrowding adds more injury to the mix and is associated with a range of negative health outcomes.

Rosie Mishaiel:

A child growing up in a household with high income is more likely to experience better health over their life than a child growing up in poverty.

Eileen de Villa:

Homeless people in Toronto face among the lowest rates of physical and mental health. The lifelong impact of homelessness on children cannot be understated. The earlier and the longer a child experiences homelessness, the greater the cumulative toll of negative health outcomes over the life course. Adequate housing is a basic human need and vital for one's health. In fact, housing in my opinion, is a basic human right.

Rosie Mishaiel:

Imagine you're a single parent with two children under the age of five living in an apartment in Toronto. You don't love the neighborhood, but the landlord approved your application and the rent is manageable as long as you keep both of your part time jobs and try not to miss any shifts. Still raising young kids gets expensive and bills are high, food, childcare, diapers, phone bills, TTC fare, and more. The building isn't well kept, the hallways are dirty, the stairwells are damp. Your apartment unit is cramped and worn out and the building manager is impossible to get ahold of, but at least it's a roof over your head. Between taking care of your two young kids, you're

juggling part time jobs, doing your laundry, cooking and cleaning. You're stressed, you're tired. You can't afford to miss a shift even if something comes up.

Rosie Mishael:

Midway through winter, your toddler starts to develop a cough that the doctor diagnosed as chronic asthma. And just when you think it can't get any worse, you get a letter from your building manager notifying you that a neighbor has reported bed bugs. That's the reality some people face. Housing conditions, affordability and homelessness all play a role in a person's health. The picture painted is just one example. Dr. de Villa says this is the tip of the iceberg when it comes to the struggles and impacts that housing or a lack thereof can have on health and wellbeing.

Eileen de Villa:

The cost of housing for those with the lowest incomes tightens the crunch and creates unjust ultimatums. No one should be forced into these unacceptable circumstances.

Rosie Mishael:

Housing as a public health issue is not a recent development in Toronto. Over 100 years ago, Toronto was a rapidly growing city. Recovering from a fire that ripped through the downtown core in 1904, the city was not only rebuilding but growing at an astounding rate. The economy was thriving, industry was booming and people were flooding into the city, immigrating from across Europe and China. Overcrowding was a serious issue with entire families crammed into one bedroom. Cellars were overflowing with garbage and plumbing systems function poorly. The high demand for housing meant that landlords were in the position to avoid repairs and ignore warnings and could always find another poor family or another underpaid worker to rent the space, no matter how overcrowded or how unsanitary.

Rosie Mishael:

When Dr. Charles Hastings took office as Toronto's Medical Officer of Health in 1910, he led a significant shift in the power and priority of public health in Toronto.

During his time, Hastings put in place a number of practices that greatly improve the health and wellbeing of Torontonians. Dr. Hastings took important steps to shine a light on the health impacts resulting from the chronically overcrowded and unsanitary housing conditions in the area of the city called St. John's Ward. Now known as the affluent Bay Street Corridor, The Ward, as it was known then, was a densely populated and heavily impoverished neighborhood. In 1911, Dr. Hastings declared The Ward a public health issue. Using a photo essay, he showed the world the harsh reality of living conditions there. Hastings pressured politicians and policymakers to introduce widespread reforms, including the demolishing of substandard housing, instituting a modern plumbing and sewer system, stricter safety standards and increasing investment in social housing projects.

Rosie Mishaiel:

Fast forward to modern day and housing in Toronto is still a serious public health issue. Toronto has one of the least affordable housing markets in Canada. House prices are skyrocketing and vacancy rates are low. Affordable and supportive housing are in limited supply. Social housing units are aging and in need of repair. The need for affordable housing is growing and the system is strained. Toronto has one of the highest rates of core housing need in Canada, second only to Vancouver. Core housing need means living in housing that requires major repairs, is unaffordable, is not an appropriate size, or all three. While affordability is the most common reason for core housing need in Toronto, other factors can contribute to the wide range of housing issues across the city. Things like overcrowded or unsafe units, insecure tenure or bad building conditions. The high cost of housing and increasing poverty in Toronto have led to a steep rise in demand for subsidized housing.

Rosie Mishaiel:

As of the end of 2019, there were over 100,000 households in Toronto on the waiting list for social housing. Just to give you a sense of scale, that's enough people to fill the Scotiabank Arena five times over. All is not equal when it comes to housing issues. Certain groups are more likely to have higher rates of poverty, experienced

homelessness and housing instability. In Toronto, this includes indigenous people, newcomers and immigrants, racialized people, seniors, lone parent households - particularly female led, youth, LGBTQ2S+ people, people with mental health issues, people with physical disabilities and people affected by violence. Throughout this series, you'll hear directly from the people who experienced these issues themselves and learn about the impacts on their health. Keep in mind that although these groups are listed as separate, one person may fit into several of these categories and will feel compounded impacts.

Rosie Mishaiel:

Let's go back to our example of a single mother for a moment. She already experiences barriers, discrimination, and bias due to her lone parent status. Now, let's say she's part of the LGBTQ2S+ community, that she's a newcomer, that English is her second language. With more than one of these identities, the barriers and biases add up. In this podcast series, we will hear the personal stories of diverse Toronto residents. Their stories provide powerful and compelling accounts of the impacts that unaffordable housing, poor quality housing and neighbourhoods and housing instability and insecurity have on their lives, health and wellbeing. Their stories not only highlight the immediate connections between housing and health, but also show the broader role of social and economic inequities. Things like poverty, precarious employment, violence, lack of support and discrimination. These intensify housing instability and homelessness and in turn, create more health inequities. Toronto's Medical Officer of Health says the time to act is now.

Eileen de Villa:

Addressing our current housing context requires a collaborative effort. No one sector or level of government can do this alone. We are indeed stronger together. By harmonizing our efforts, we can achieve the greatest good for the most people. Taking action on housing is a matter of social justice, but it's also quite simply just plain common sense. While inadequate housing and homelessness are certainly detrimental to individuals, they also result in tremendous losses to society, whether you're talking about this financially, culturally, creatively, or civically. When people's

health is compromised, they face barriers in reaching and contributing to their full potential.

Rosie Mishaiel:

The series will conclude with insights from key health and housing experts. It is the hope of Toronto Public Health that this series will contribute to the understanding that health and health equity should be explicit goals in the development of housing policies across municipal, provincial, and federal governments. To hear more from the experts featured at the Hastings lecture, search for the Charles Hastings lecture on the city of Toronto's website, www.toronto.ca. On the next episode, we'll hear from Ashley, a single young mother facing an uphill battle to build a safe, happy home.

Ashley:

So like underneath the sink was completely exposed and when cockroaches started coming in and I was like, "Hey, can you do something?" There's cockroaches everywhere and I don't leave food around. They're just all over. They're like, "No, it's normal." I'm like, "No, it's not. You have to do something about the cockroaches."

Rosie Mishaiel:

My name is Rosie Mishaiel, and this has been Toronto Public Health's podcast, Housing and Health: Unlocking Opportunity, written by Toronto Public Health produced and edited by MediaFace. We thank all who contributed to this episode by sharing their stories. We also acknowledge the Dish With One Spoon wampum belt covenant, as well as the indigenous peoples on whose land these stories took place. The Mississaugas of the New Credit, the Haudenosaunee Confederacy, and the Huron Wendat.