

Rosie Mishaiel:

Safe homes and neighbourhoods; access to affordable, appropriate housing for those on low and fixed incomes or with specialized needs; stable housing and shelters for those most vulnerable to abuse and discrimination in our society. This is what the city of Toronto desperately needs. According to research released in 2019, Toronto is growing over three times faster than any other city in North America. The city is facing a housing crisis that is set to impact the lives and health of the most vulnerable members of its communities.

Rosie Mishaiel:

In this podcast series, we have heard the lived experiences from a diverse range of Torontonians: from single parent households, LGBTQ2S+ and Indigenous youth, people living on low or fixed incomes, and those working on the front line of Toronto's housing crisis. A common thread from all of these stories? Little control over their housing needs or circumstances. My name is Rosie Mishaiel and this is Housing and Health Unlocking Opportunity: a podcast produced by Toronto Public Health. These podcasts are about housing in Toronto and how it impacts the health and well-being of the people who live here. In this episode we meet a professor, a policymaker, and a researcher, and ask them what can be done now and in the future for Toronto's housing needs.

Jim Dunn:

My view is that housing is a great stabilizer in people's lives, it's an incredibly important, and the absence of that stability is an incredibly important source of stress.

Rosie Mishaiel:

Jim Dunn is a professor in the Department of Health, Aging, and Society at McMaster University. He has a long-standing interest in housing and has conducted a number of studies on the topic. His studies focus on understanding whether or not affordable housing for low or fixed income households has improved their mental health.

Jim Dunn:

There are a lot of people who are at the lower end of the rental market who are also exposed to very unhealthy housing conditions. So this may be through bedbugs or rats and vermin and also mould and moisture and those sorts of things. If you're at the bottom end of the housing market you don't have any leverage at all. If you try to complain to your landlord to try and get your housing brought up to reasonable standard your landlord could just evict you as a result of you complaining.

Rosie Mishaiel:

Jim has spent a lot of time researching housing, looking at the intersections between housing and health systems and exploring how poor housing can affect both physical and mental health. His studies have revealed that affordability in Toronto is just the tip of the iceberg, and just like many of the voices we have heard during this series, control over your housing is a critical part of health and well-being.

Jim Dunn:

So, we know from the health inequalities literature that the thing that seems to vary by income is something around control. So the greater your income the greater your education, the better your house status, but that's probably attributable to the amount of control that you have over your everyday life. The higher status comes with higher control because you have resources that you can draw upon including income resources. But it's certainly your housing affects the amount of control that you exercise over your everyday life because in fact, of all the spaces that you occupy in your everyday life your home is the only one where you're socially and in many ways legally sanctioned to have complete control, and if that control is lacking that's going to be a source of stress.

Rosie Mishaiel:

Jim acknowledges that the link between housing and health is not a simple cause-and-effect scenario. He also recognizes that it's hard to quantify the overall outcomes of improved housing services. But he is sure of one thing: improving

access to better housing for vulnerable members of our communities will not only improve health but also result in long-term cost savings across the acute care and criminal justice sectors. Jim told me of a randomized trial of housing in Canada – one of which took place in Toronto. The trial provided supportive housing for people with long-term severe mental health and substance use issues. The results of the randomized trials show that a significant investment in housing and housing supports leads to savings from fewer ambulance calls, hospital emergency room visits, police calls, and other social services.

Jim Dunn:

Somebody with severe mental illness for instance they might, even if they live in supported housing, they might need to be admitted to acute care services periodically, because the normal course of their illness is actually that it fluctuates. And so, what would normally happen is if they're not in a supported housing context, they'll probably go into crisis two or three times, have ambulance calls and police calls, and they might end up in the criminal justice system briefly and get discharged again, they might have several ER visits, et cetera, et cetera. And then after this whole string of those things, then finally they get admitted.

Jim Dunn:

Well, if they're in supported housing and that supported housing has supports on site and so forth but a lot of the problems when they go into crisis might be averted and that might not escalate that much in the first instance the cost of the supported housing is actually less than the cost of the service reduction that they experience. In other words, on paper at least, the costs avoided are greater than the costs of the program. So, it on paper saves money and so let's get people in the other sectors to be working more cooperatively and make sure that we can address these needs and we have a randomized trial that says it works. So that's the underlying evidence base for this as well. So I think that's something where there's an opportunity.

Rosie Mishaiel:

Jim also recognizes that sometimes a solution is not just about providing housing but also providing access to different kinds of supports. In a story echoing Ashley's in Episode Two, Jim told us of a story from a pediatrician at the Children's Hospital of Eastern Ontario. One of her patients, a mom living in low-income housing in Kingston brought her baby in for a series of checkups. During the visits the doctor repeatedly advises the mother that her baby needs tummy time to strengthen her child's neck but by the third visit there was still no improvement.

Jim Dunn:

And it comes out at that visit that the reason that the mom's not doing the tummy time is because there's too many bugs on the floor and she can't get anybody, she can't complain to the landlord, is afraid to complain to the landlord for fear that she'll be evicted. And essentially she lives in the cheapest apartment available in Kingston.

Rosie Mishaiel:

Out of concern for kids living in rental housing where there are exposures that are compromising their health, Boston's Children's Hospital and the Children's Hospital of Eastern Ontario both put in place legal clinics at their pediatric facilities to help people meet their housing needs.

Jim Dunn:

So where the legal clinic comes in is then it becomes somebody who's going to approach the landlord with the mom to say, "Hey listen, there's this issue. You really need to get this apartment fumigated and there are standards that you have to meet in terms of the health and safety of the units that you're providing. And no, you're not going to evict this mom because we're going to advocate on her behalf, et cetera, et cetera."

Rosie Mishaiel:

When asked about the future, Jim emphasized the importance of acting now since our aging population will put even more pressure on housing in the future.

Jim Dunn:

We now are at a point where we're suffering 25 years of underinvestment in affordable housing and we're seeing the consequences of it so it's going to take pretty drastic policy action to do that.

Rosie Mishaiel:

Torontonians deserve housing units that are safe, well-maintained, and up to appropriate standards. Chris Phibbs is the acting director of social policy and research within the social development, finance and administration division at Toronto City Hall. Chris spoke with us about Toronto Community Housing buildings.

Chris Phibbs:

Many of them were built in the 50s and in the 60s and not maintained. And when the province downloaded Ontario housing onto the city they did not download the corresponding maintenance costs at all. So all of the repairs have been on the backs of the property tax base of the City of Toronto which does not grow in the same way that many taxes or revenues do. Council has recognized that that's a problem and that we need to save every unit that we can and they are now stepping up and funding Toronto Community Housing properly.

Rosie Mishaiel:

Chris told us about the Tenants First project, which is being rolled out to improve conditions for people living in Toronto Community Housing. The plan is being called a rethink of the city-owned social housing network.

Chris Phibbs:

Tenants First is a time-limited staff unit within social development that is spending all of its time working with Toronto Community Housing and other divisions within the city – including the city manager's office, the mayor's office, and other members of council – to try to transform TCHC. So to make Toronto Community Housing a better social housing landlord, to improve those buildings, to make those buildings safer and more open to community agencies coming in to provide necessary supports

whether it's medical or addiction supports, or recreation support, or aging in place supports. So the Tenants First initiative is I think groundbreaking work to turn a gigantic beast of a housing company into a more compassionate and a better landlord, a landlord that tries to ensure successful tenancies and City Council so far has embraced that by agreeing to fund it more appropriately.

Rosie Mishaiel:

The City of Toronto is working to address many housing issues from the needs of those who are homeless to those requiring long-term care. Sean Gatton, the interim executive director of the city's newly formed Housing Secretariat says the first step is developing the city's new 10-year housing plan.

Sean Gatton:

One of the things we've discovered in speaking to many thousands of Torontonians is that people are frustrated, they're stuck, and they're stressed, and this problem has gotten worse over the course of the last decade particularly as incomes have fallen behind the cost of housing and the rising cost of housing. So we're developing this plan that for the next 10 years will guide City Council as well as will also guide our work in advocating to the federal and provincial levels of government.

Rosie Mishaiel:

But in order to move the needle on the housing challenges in Toronto, and across the country, real collaboration is needed.

Sean Gatton:

We have 30 individuals that sit around a table with us from different organizations, and from different walks of life, and with people with lived experience, and they're designing and helping us work with that plan. And going forward, we'll continue to need that kind of collaboration to implement solutions. Secondly, I think there's opportunities to collaborate with Public Health insofar as when our housing system is broken, as it is now in part, the cost to healthcare – whether it be mental health or physical health – are quite extreme.

Sean Gatton:

And so if we are able to, through good housing policy and programs, address the housing needs of Torontonians? Then it will ultimately reduce the overall costs, system costs, whether it be health or other costs, and where individuals are not living where they should. And we're finding that in particular where seniors are actually taking up hospital beds when they frankly would be better cared for and would be better suited to be in alternate levels of care or in long-term care. And we're finding also with homeless persons staying and being unable to get off the street are staying in hostels and emergency situations much longer than what those were designed for.

Rosie Mishaiel:

The City of Toronto's housing issues are a challenge for many reasons, but change can be made and the future can be brighter. In January 2019, City Council approved 11 sites to build 10,000 new housing units: 3,700 of those will be affordable. Toronto has also adopted laneway housing – often known as granny flats or secondary suites – allowing home owners to convert garages and build on unused space on their properties. The Federal Government is providing \$1.3 billion in grants and loans to Toronto Community Housing over the next 10 years. New not-for-profit housing for seniors and those with supported living needs is also underway and the city is about to implement their new 10-year housing plan.

Sean Gatton:

Toronto can lead globally on the approach that should be taken, consistent with a right to housing, where people's happiness and their well-being is respected and they're treated with dignity.

Rosie Mishaiel:

These sentiments are echoed by Dr. Eileen Davila Toronto's Medical Officer of Health.

Eileen Davila:

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. 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:

Housing should be a key priority for all three levels of government: municipal, provincial and federal. To promote the health of Torontonians and reduce health inequities, new policies and program interventions are needed to increase the supply, the repair, and the maintenance of affordable, supportive, accessible, and permanent housing. For information about supports and services related to housing, income, mental health, and issues discussed in this series, please call 311. Written by Toronto Public Health and voiced by Rosie Mishaiel, 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 [inaudible 00:15:20]