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**Housing and health:  
*Making the connections,  
taking action***

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# What do we know...

1. Lack of good quality, affordable housing affects health
  - *homelessness, insecure housing ⇒ higher morbidity and higher mortality*
2. Subsidized housing is key factor in helping the homeless become housed
  - *housing ⇒ housed*



# Toronto flop house, 1914



# The Bruce Report (1934)

- ◆ A study of Toronto's slum districts at the depths of the Great Depression:
  - “These areas of misery and degradation exert an unhappy environmental influence upon many of our citizens.”

*Dr. H.A. Bruce, Lieutenant-Governor of Ontario*



# Housing and health (1984)

- ◆ “Inadequate accommodation is not sole solution to health problems among Toronto’s poor, but being homeless or living in unaffordable or substandard housing makes it difficult, if not impossible, to engage in many practices that promote health. Moreover, inadequate housing foster stress which lowers physical resistance to disease and exacerbates pre-existing emotional strains.”

*Housing and Health: Public Health Implications of the Crisis in Affordable Housing, Toronto Department of Public Health, 1984*



# Homelessness and health

- ◆ “Specific health effects of homelessness and underhousing are difficult to separate from often-associated effects of poverty, unemployment, pre-existing mental and physical disabilities, and age-related vulnerabilities in children and the elderly. . .”
- ◆ “The health effects of homelessness include:
  - **cold injury** [hypothermia and frostbite];
  - **cardio-respiratory disease** [coronary artery disease, high blood pressure, emphysema]
  - **tuberculosis**;
  - **skin problems** [infected and ulcerated lesions];



# Health effects of homelessness

- ***nutritional disorders*** [leading to a greater risk for infectious diseases, gastrointestinal disorders, skin disease and nervous system dysfunction];
- ***sleep deprivation*** [leading to instability, emotional irritability, concentration deficits, cognitive impairment, apathy and behaviour disorders];
- ***children's mental health disorders*** [leading to developmental lags, anxiety, depression, learning difficulties];
- ***adult psychiatric disorders***; and
- ***chronic stress*** [including insomnia, anxiety, depression, loss of self-esteem and withdrawal].”

*Public inquiry into homelessness and health, 1987*





# Morbidity and mortality

- ◆ “Homeless women and men do not have ‘different’ illnesses than general population. However, their living circumstances and poverty affect their ability to cope with health problems.” - *Street Health Report, 1992*
- ◆ Homeless women and men have mortality rates 8 to 10 times higher than housed women and men - *Dr. Stephen Hwang*





# Bed bugs. . .

- ◆ “The rise of bed bugs is a concern for many reasons. First, the nocturnal blood-sucking habits of the bugs induce anxiety, worry, stress, and sleeplessness for those infested. The initial bite, though usually painless, may develop into a welt that remains itchy for weeks. With scratching and subsequent infections, these welts can develop into severe skin conditions.



# ...a biological indicator

◆ “Bed bugs may be a biological indicator of changing social conditions and might foretell the resurgence of other ectoparasites such as lice and fleas and their associated diseases.”

*Dr. Timothy Myles , Bed bugs in Toronto, Research Bulletin #19,  
Centre for Urban and Community Studies,  
University of Toronto, 2003*



# The homelessness disaster



# Homeless families in NYC

- ◆ Predictors of Homelessness Among Families in New York City: From Shelter Request to Housing Stability
- ◆ *American Journal of Public Health*
- ◆ Volume 88(1), November 1998, pp.1651 to 1657





# Method

- ◆ 568 homeless and housed poor families
- ◆ First interviewed in 1988, then interviewed again in 1993
- ◆ Questions:
  - Who was stably housed (> one year)?
  - Why were they stably housed?



# Factors not affecting stability

◆ NOT – race, age, pregnancy, persistent poverty, education, work history, marriage, teen motherhood, child poverty, mental illness, substance use, physical health, incarceration, social ties domestic violence, childhood disruptions



# Who was stable?

- ◆ 80% of families who went into subsidized housing
- ◆ 18% of families who went into unsubsidized housing





# Only factor affecting stability

## ◆ ***Subsidized housing***

- ◆ Marybeth Shinn: “Subsidized housing is both necessary and sufficient to ‘cure’ homelessness among families.”



# Housing succeeds. . .

- ◆ “We found that subsidized housing succeeds in curing homelessness among families, regardless of behavioral disorders or other conditions. Whatever their problems – substance abuse, mental illness, physical illness or a history of incarceration – nearly all of the families became stably housed when they received subsidized housing.”



# Spruce Court, 1914



# Regent Park, 1948



# Oak Street Co-op, 1984



# Project Amik, 2003



# Question???

- ◆ We know that housing is one of key determinants of health...and that housing cures homelessness...and we have plenty of housing successes...
- ◆ ***So, why a homelessness disaster and affordable housing crisis?***





# Dr. Ursula Franklin

◆ “Homelessness is a man-made disaster”.



# What those men did. . .

## ◆ Federal:

- 1984 to 1993 – almost \$2 billion cut from spending
- 1993 – all new housing spending cancelled
- 1996 – transfer housing to provinces / territories

## ◆ Ontario:

- 1995 – all new housing spending cancelled
- 1995 – welfare rate cuts
- 1998 – housing downloaded to municipalities



# Turning it around. . .

- ◆ The One Percent Solution
- ◆ \$2 billion for a fully-funded national housing strategy
- ◆ \$2 billion from the provinces and territories



# Comprehensive strategy

- ◆ New social housing – 20,000 to 30,000 new units
- ◆ Supportive housing – 10,000 new units
- ◆ Rent supplements – 160,000 new units
- ◆ Shelter and services for the homeless
- ◆ Renovation funding



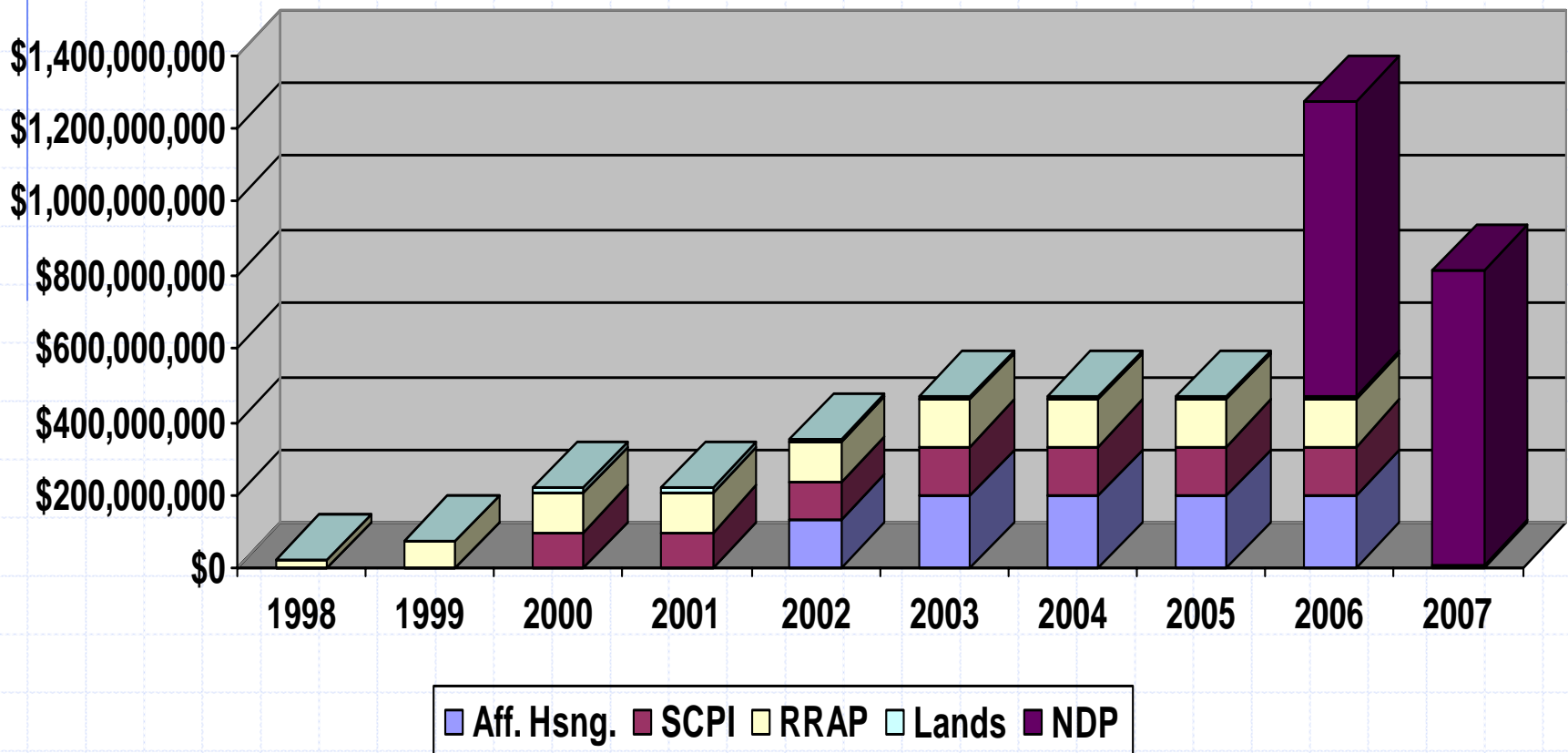
# Housing / homelessness gains

- ◆ Supporting Community Partnerships Initiative and federal homelessness strategy (December 1999)
- ◆ Residential Rehabilitation Assistance Program (December 1999 and federal budget 2003)
- ◆ Federal Surplus Real Lands for Homelessness Program (December 1999)
- ◆ Affordable Housing Framework Agreement (November 2001 and federal budget 2003)
- ◆ Layton budget bill (June 2005)
- ◆ Extension of SCPI and RRAP (November 2005)



# Growing federal commitments

Average annual funding commitments



# NHHN grades efforts as “failure”

- ◆ “Federal, provincial and territorial housing ministers made an impressive 336 announcements since they signed the Affordable Housing Framework Agreement in 2001 and agreed to invest \$1.36 billion over five years.
- ◆ “That’s a lot of political spin, but it hasn’t produced many new homes. Ministers have made promises, signed agreements, issued announcements and called press conferences. But they have failed to build new homes.
- ◆ “That’s why the National Housing and Homelessness Network has graded federal housing efforts over the past four years as a failure.”





# Promised vs. delivered

<i>Fiscal year ending</i>	<b>Ontario promised:</b> <i>(number of new homes announced by federal and Ontario governments)</i>	<b>Ontario actually delivered:</b> <i>(number of new homes committed as reported in audited statements)</i>
2002	<b>9,800</b>	<b>22</b>
2003	<b>13,912</b>	<b>23</b>
2004	<b>22,620</b>	<b>18</b>
<b><u>Total</u></b>	<b><u>46,332</u></b>	<b><u>63</u></b>



# In summary. . .

1. Government cuts in the 1980s and 1990s are key factor in increased housing insecurity and homelessness
2. Effective policy / advocacy work has reversed cuts, but emerging patchwork doesn't add up to fully-funded, comprehensive program



# Working towards our goal

