

Housing and health:

OMA calls for urgent government action, housing-supportive policies to improve health outcomes of vulnerable populations

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ACCESS TO SAFE, AFFORDABLE HOUSING IS AN IMPORTANT DETERMINING FACTOR FOR A PERSON'S HEALTH. AN ESTABLISHED BODY OF EVIDENCE LINKS HOUSING TO HEALTH OUTCOMES, AND A VARIETY OF EXPERT ORGANIZATIONS AND STAKEHOLDERS HAVE PRODUCED DOCUMENTS OUTLINING THE KEY ROLE THAT HOUSING PLAYS IN THE HEALTH OF INDIVIDUALS AND COMMUNITIES. HOWEVER, ALL LEVELS OF GOVERNMENT CONTINUE TO MOVE SLOWLY IN THIS AREA.

Furthermore, there is evidence to suggest that Canada's public housing stock is decreasing in quantity and quality relative to a growing need. Housing assistance is especially needed for low-income elderly people and those who are suffering from mental illness or addiction.

Having a safe and secure place to live has been found to be a significant part of recovering from mental illness and addiction, and in gaining employment, food security, access to social services, and access to health care.

OMA Council has endorsed two members' period motions that cite adequate and environmentally healthy housing as a fundamental determinant of health, and encourage the Association to promote healthy, affordable social housing.

Recently, the OMA Board developed a policy position on housing and health that confirms the importance of this issue. Some of the OMA's key findings are provided below, along with a series

of principles that will serve to guide the Association's public positioning in support of housing policies to help improve health outcomes of vulnerable patient populations.

The Social Determinants Of Health

Social determinants are a group of factors outside of biology that influence a person's health. These include: safe, secure and affordable housing; adequate income and income security; nutritious food; clean and safe environments (at work, home and outside); and equitable and inclusive communities.

There are significant overlaps among social determinants of health, and in fact some depend upon, or are only possible in conjunction with, the others. For example, income security is required for food security and housing, but having stable housing is often a key part of being able to find work, and thus securing an income.

The Toronto-based Wellesley Insti-

tute has claimed that housing is one of the most fundamental determinants of health, due largely to its role in creating a stable living environment.¹ In fact, as will be discussed, recent research has shown that people who are adequately housed require fewer and less expensive medical interventions.¹

There are currently no reliable figures on the number of homeless people in Canada. The federal government estimates that there are 150,000, but other reports identify up to 300,000 as homeless.² A significant proportion of this population resides in Ontario, but the province has fewer than 7,000 shelter beds where people can sleep inside overnight.³

Housing's impact is not just about homelessness though. Statistics Canada reports that three million Canadian families (representing roughly 25% of the population) are vulnerably housed, paying 30% or more of their before-tax income on shelter.⁴ This jeopardizes the amount of money available

for food, medicine, utilities, transportation, childcare and other necessities, particularly for low-income households.⁴

There is a growing body of evidence that associates housing quality with morbidity from infectious diseases, chronic illnesses, injuries, poor nutrition, and mental illness.⁵ Sub-standard housing that is damp, mouldy, too hot or too cold is an established contributor to morbidity and mortality as well. Respiratory infections, asthma, and activation of tuberculosis have been independently associated with such housing conditions.⁵ Overcrowding can also increase susceptibility to disease. The number of people per dwelling has a significant impact on the physical and mental health of inhabitants, including raising the risk of acquiring tuberculosis.⁶

Seniors

Senior citizens are especially vulnerable to increased health risks as a result of poor quality housing since they are often on a fixed income, and experience increasingly complex health needs. Safe and affordable housing has been shown to be crucial to prolonging the physical and mental health of this population, especially as the proportion of Canadian society that is over 65 and retired increases. Studies have shown that improving housing conditions has a positive impact on seniors' health status and mortality.⁵

Homes of low-income seniors are more likely to be too warm or too cool because they are less well insulated, often have relatively expensive forms of heating (such as electric baseboards), and frequently lack air conditioning.^{5,7} A further concern for seniors living on a fixed income is that those with low to moderate income have been found to make trade-offs between having enough food, keeping warm (or cool), and paying the rent.⁵

Mental Illness

Those who suffer from mental illness are of particular concern as they make up a disproportionately large percentage of the precariously housed,¹ and are at an increased risk of becoming homeless.⁸

The Ontario Human Rights Commission's 2008 report, "Right at Home," points to data that shows 30% to 35% of the homeless population in general, and up to 75% of homeless women in particular, suffer from a mental illness.⁸

Gaining secure and affordable housing, or losing it, can have a direct impact on a person's mental health. The Wellesley Institute reports that individuals who are homeless or vulnerably housed are at risk for the onset of new mental health problems.¹ Research has further shown that being homeless increases the duration and seriousness of a mental illness.⁸ Similarly, the Ontario Human Rights Commission reports that having a safe place to live is a vital part of recovery from mental illnesses and addictions.⁸

Stakeholder Activity Concerning Housing

There are a number of organizations that are involved in issues related to housing and health. The Wellesley Institute issued a report in 2010 entitled "Precarious Housing in Canada," which included five recommendations focused on encouraging the government to set achievable targets and dedicate consistent funding for housing initiatives.¹

The Canadian Mental Health Association (Ontario), Ontario Federation of Community Mental Health and Addiction Programs, Ontario Hospital Association, and the Schizophrenia Society of Ontario have advocated that supportive housing is an important aid to recovery and that housing programs assist people with mental illness and addictions to stay healthy in their communities.⁹

In 2009, the United Nations Special Rapporteur on adequate housing visited Canada and released a report noting, among other things, Statistics Canada data that shows Canada is one of the few countries in the world without a national housing strategy.⁴

A recent campaign of the Ontario Non-Profit Housing Association called "Housing Opens Doors" (<http://www.housingopensdoors.ca/index.php?lang=en>) has brought together partners to highlight how housing is integral to health and well-being in many

ways. The diverse group of partners includes the Canadian Mental Health Association (Ontario Division), Centre for Addiction and Mental Health, Children's Hospital of Eastern Ontario, Ontario HIV Treatment Network, Registered Nurses' Association of Ontario, Children's Mental Health Ontario, Elementary Teachers' Federation of Ontario, Ontario Association of Children's Aid Societies, and a number of municipal organizations.

The Housing Opens Doors partners have found that people without affordable homes are five-times more likely to be hospitalized than other members of the general public. They believe that safe, clean and affordable housing is especially important for the more than 39,000 seniors on waiting lists for affordable homes, to help them avoid health risks associated with poor living conditions.

By fostering better physical and mental health, the Housing Opens Doors partners make it clear that affordable housing decreases the burden on Ontario's health services.

Government Commitments

In July 2011, the federal and provincial governments agreed to a new short-term housing framework.¹⁰ The agreement outlines how the federal, provincial, and municipal governments will provide \$1.4 billion in combined housing investments. The provinces have committed to spending the money on increasing the number of affordable housing units, improving the quality of housing, and providing rent and shelter support.¹⁰

Despite this commitment, the latest corporate plan from Canada Mortgage and Housing Corporation says that overall federal housing expenditure will drop from \$3 billion in 2010 to \$1.86 billion in 2015.¹¹ The plan also notes that the number of Canadian households assisted through federal housing investments will fall from 626,300 in 2007 to 540,800 in 2015, representing a 14% decrease over nine years.¹¹

Ontario has made commitments to improved housing, as recently as February 2013, when it announced that it would renew its commitment to pro-

viding supportive housing and services to people living with mental illness. The province will maintain 216 supportive housing units, and support services for 240 formerly homeless people living with mental illness in Toronto.¹²

Although there are housing initiatives underway, existing programs are not adequate to protect health, and thus the health community has the opportunity, and is well positioned, to urge governments to do more and to act quickly on the evidence that is available.

The health of Ontarians can be improved with appropriate housing policy and funding decisions. Ensuring that more Ontarians are adequately housed will significantly improve housing-related health outcomes.

OMA Advocacy

At its June meeting, the OMA Board of Directors agreed with research findings about the importance of housing status on the health of Ontarians and in order to guide the OMA's public positioning on this issue, the Board affirmed the following:

1. The importance of housing as a social determinant of health, and that housing status has a direct influence on the health of Ontarians.
2. That secure housing is crucial to recovery from a huge array of health issues, including mental illness and addictions, and a significant determinant of children's and seniors' health.
3. That government at the municipal, provincial, and federal levels must act to improve housing-related health outcomes.
4. That although there are current housing initiatives, these governments must be urged to redouble their efforts, act quickly on the evidence that is available, and make the appropriate policy and funding decisions to improve the health of Ontarians by ensuring that they are more adequately housed.

As a voice of physicians, the OMA will be guided by these principles and advocate for health protective government programs to reduce the burden of preventable illness associated with inadequate housing in Ontario. ■

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