

Housing affects Health affects Housing:

Determining Good Health as Part of the Housing Solution in British Columbia

Submitted by the
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**BC Non-Profit
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Executive Summary

Since the 1970s, health researchers in various disciplines have explored the often complex inter-relationships between health and housing. The 1974 Lalonde Report, *New Perspectives on the Health of Canadians* introduced 'environment' as one of the key prerequisites to health. The 1986 Ottawa Charter for Health Promotion continued the discussion on health and housing in the national *Framework for Health Promotion* and the Public Health Agency of Canada and the World Health Organization (WHO) support the reality that improvements in mental health and general health are achieved when housing environments are improved and vice versa (WHO, 1986).

In this paper, the BC Non-Profit Housing Association (BCNPHA) determines healthy individuals and healthy communities as a part of the housing solution for British Columbians. This means providing good quality, safe, affordable housing to all. Affordable, stable housing in well-designed communities helps to ensure families have greater food security, better access to health resources and service supports, and non-toxic home environments.

As housing is a determinant of health, the health of individuals and communities in BC is increasingly at risk; trends indicate that options for safe, adequate and affordable housing are decreasing while complex housing barriers such as mental health and addiction issues increase. Forming partnerships between housing and health government and non-government agencies offers viable and cost-saving solutions to re-visioning a continuum of health promotion strategies and housing interventions to increase good health and well-being in our communities.

HEALTH, FAMILIES, & HOUSING AFFORDABILITY

Although the majority of British Columbians are reportedly in good health, there are a number of households in the province residing in housing deemed unaffordable. When more than 30% of a household's income is spent on rent, the ability to make healthy and preventative choices such as good quality homes in neighbourhoods of choice, nutritious foods, and regular exercise and recreation ranges from difficult to impossible to maintain (Hwang, 2000; Krieger, 2002; Cooper, 2004).

Inadequate income due to high shelter costs also causes high stress levels for families. According to the 2001 Census, over 220,000 households were paying more than 30% of their income on rent, and over 125,000 people were at risk of homelessness in the Greater Vancouver Regional District (GVRD) alone. Providing good management of the existing affordable housing stock is one way to ensure homes are not lost for families at risk of homelessness. Rental housing allowances or supplements provided by the provincial government for lower-income families and seniors assists in allowing a broader range of housing options in the private sector. However, new affordable housing for families in mixed-communities remains a key mandate for the BC Non-Profit Housing Association.

Physical Health & Housing

Biophysical aspects of health and housing prove a strong correlation in the housing and health research. Lead, mould, dust mites, asbestos and overcrowding in the home often provoke the onset of chronic respiratory illnesses and allergies, especially for children (Hwang, 2000; Bryant, 2002; Moloughney, 2004). Many

Aboriginal families on reserve are at risk of additional negative health affects due to poor water and sewage systems (Cooper, 2004).

New housing units can also create cause for concern. Green building designs such as non-lead paints, and building materials with low VOCCs (Volatile Organic Compound Contents) can decrease or eliminate chemical off-gassing. BCNPHA is currently investigating 'green' redevelopment strategies for non-profit housing sites throughout the province. As much of the non-profit housing stock is aging, plans to invest in high air quality, non-toxic building supplies and energy-efficiency will be important in considering tenants' health and well-being.

Children's Health & Housing

Children living in inadequate or substandard housing are at risk of lower levels of development (Cooper, 2004). Although direct causation of housing on health and development is problematic due to other socio-economic factors, "extensive research has revealed that adequate, stable housing in safe, supportive neighbourhoods and communities is correlated with positive child outcomes in the areas of health, development, and well-being" (Cooper, 2004, p.93).

Several affordable housing providers have played key roles in revitalizing lower-income communities for children. Introducing mixed-income, mixed-use developments complete with recreation facilities, parks, and local services assists lower-income families in accessing a wide variety of resources and supports. Many of these redevelopment projects may also include green design principles that are sensitive to the health of children.

Health & Land-Use Planning

Population health and land-use planning studies indicate that land-use patterns and neighbourhood designs do affect health outcomes; for example longer commuting times to city centres influence both child and adult obesity rates (Frank, 2004; Johnson, 2007). As more and more middle-income families with children are forced to move to the suburbs or neighbouring communities to find affordable housing, it's expected that the number of health-related issues will continue to increase.

Forming networks of land-use planners, public health workers, and housing and service providers offers an opportunity to view affordable housing systematically. Transportation alternatives, health services, recreational facilities, and innovative zoning for residential use (e.g. infill zoning) are all relevant pieces to ensuring healthy individuals and communities.

HOMELESSNESS & COSTS TO HEALTHCARE

A lack of affordable housing also contributes to a greater number of people who are at risk of homelessness. Homelessness and poor health are interrelated in that individuals may become homeless due to untreated physical and mental health issues and/or will experience an increase in poor health upon becoming homeless (Hwang, 2000). The contraction of respiratory diseases, chronic headaches, seizures, major mental illness, addiction, premature death, and several dermatological, vascular, nutritional, and psychiatric disorders are just some of the related health issues for many homeless individuals (Bryant, 2002; Moloughney, 2004).

Healthcare costs associated with servicing the homeless, mostly in emergency hospital wards and shelters, are up to \$28,000 higher per year than providing someone with supportive housing (Eberle et al, 2001).

Health and Social Support Needs & Non-Profit Housing

In 2004, BCNPHA initiated a network building initiative for non-profit housing and service providers to discuss innovative ways to house people with concurrent housing barriers such as long-term street life, mental illness, and addiction. This initiative, entitled Building Bridges, evolved into workshop discussions with the Fraser Health Authority (FH) and the Vancouver Coastal Health Authority (VCH) on the potential for housing authority/housing provider partnerships to provide supports to vulnerable tenants of affordable housing—a cost-effective supportive housing innovation.

As a 2006 survey indicates that 39% of non-profit housing providers in BC are experiencing a significant increase in need for social support services and 31% are experiencing a significant increase in need for health services, partnerships will be an ongoing and necessary piece in determining solutions. Non-profits are increasingly going above and beyond their mandate to house and support tenants with multiple health requirements.

Health & Domestic Violence

BCNPHA has also formed a research partnership with the BC/Yukon Society for Transition Houses (BCYSTH) to address the prevalence of homelessness amongst women and children fleeing domestic violence. Throughout the province, a greater number of women are revolving from a cycle of emergency

resources—going from women’s shelters to transition homes to the street and back through—due to a lack of affordable housing in their local community (BCNPHA, 2007). These women suffer with a variety of mental and physical health issues, from depression and injuries to Post-Traumatic Stress Disorder (PTSD) and permanent physical disabilities (BCNPHA, 2007). Forming partnerships between non-profit housing providers and transition houses to provide immediate affordable housing with supports may decrease the number of women returning to violent homes, thereby jeopardizing their short and long term health.

STRIVING TO BUILD SOLUTIONS - *TOGETHER*

Where and how we live plays an important role in determining our health status as individuals and communities. Thus housing has become an important and relevant non-medical health determinant in the fields of service delivery, public health, municipal planning, housing management, psychology, architecture, urban design, and housing development. With the wealth of knowledge implicit in the work of these disciplines, it makes sense to use more than one set of tools to build solutions *systematically* and not in the isolation. Ongoing partnerships that value the expertise of the parties involved offer greater opportunities for healthy individuals living in healthy communities throughout BC.

References:

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- BC Non-Profit Housing Association (2006) *Building Effective Health and Housing Partnerships*. Vancouver: BCNPHA.
- BC Non-Profit Housing Association (2007) *Examination of the Housing and Support Continuum for Women Fleeing Abuse: A Framework for Further Research*. Vancouver: BCNPHA.
- Bryant, T. (2002) *The Current State of Housing in Canada as a Social Determinant of Health*. Social Determinants of Health Across the Life-Span Conference, Toronto.
- CitySpaces (2006) *Health and Social Support Services Survey of Non-Profit Housing Providers*. Burnaby: BC Housing and BC Non-Profit Housing Association.
- Cooper, Merrill (2004) "Housing Affordability: A Children's Issue" *Finding Room: Policy Options for a Canadian Rental Housing Strategy*. [eds. J. David Hulchanski and Michael Shapcott] Toronto: CUCS Press, University of Toronto.
- Eberle, Margaret, Kraus, Debbie, Pomeroy, Steve, and Hulchanski, David (2001) *Homelessness – Causes and Effects, Vol.3: The Costs of Homelessness in British Columbia*. Victoria: Province of British Columbia.
- Frank, Lawrence, Anderson, Martin, Shmid, Tom (2004) Body Mass Index and Urban Form: An Empirical Evaluation of the Built Environment's Influence on Obesity. *American Journal of Preventative Medicine*, Vol.27, No.2.
- Hwang, Stephen et al. (2000) *Housing and Population Health: A Review of the Literature*. Ottawa: Canada Mortgage and Housing Corporation.
- Johnson, Sherill (2007) Prevention by Design: (Re)Connecting Land Use Planning and Public Health: Presentation given at the CHRA 2007 Congress, Calgary, May 2007.
- Krieger, James and Higgins, Donna L. (2002) Housing and Health: Time Again for Public Health Action. *American Journal of Public Health*, Vol. 92, No. 5.
- Lalonde, Marc (1974) *A New Perspective on the Health of Canadians: A Working Document*. Ottawa: Ministry of National Health and Welfare, Government of Canada.
- Moloughney, Brent (2004) *Housing and Population Health: The State of Current Research Knowledge*. Ottawa: Canadian Institute for Health Information.
- World Health Organization (1986) *Ottawa Charter on Health Promotion*. Geneva: World Health Organization.