CFMS Position Statement on Access to Adequate and Affordable Housing

Benjamin Langer, Andrew Bresnahan, Sasha Longuille-Rowe, Jackie Williamson, Susie Youn, Helene Baldwin, and Ellen Snyder

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Background

Introduction

There is little as fundamental to human health and dignity as having a safe place to live, yet in Canada more than one million households suffer some form of housing insecurity¹. The Universal Declaration of Human Rights states that all people have the right to "a standard of living adequate for the health and well-being... including food, clothing, housing and medical care and necessary social services"², and The WHO's 2008 report on Social Determinants of Health, *Closing the Gap in a Generation*, stated that "The daily conditions in which people live have a strong influence on health equity. Access to quality housing and shelter, and clean water and sanitation are human rights and basic needs for healthy living"³.

For the purposes of this document, the two essential aspects of housing as they contribute to a healthy life are its adequacy and affordability. In order for housing to be adequate, it must be safe, in livable condition, and appropriately sized for the number and type of occupants. In order for it to be affordable, it must not require one to pay more of one's income than would put pressure on other essentials. The Canadian government's public housing organization, the Canadian Mortgage and Housing Corporation (CMHC), defines the affordability cut-off at 30% of income, and designates as *core housing need* any household whose housing situation fails to meet the standard of either affordability or adequacy. While homelessness is the visible tip of the "precarious housing iceberg"⁷, including at least 200,000 people in Canada every year, every part of the vulnerable housing spectrum from chronic homelessness to core housing need has an impact on health.

Housing as a Social Determinant of Health

The Social Determinants of Health (SDH) encompass a wide range of social and economic factors influencing health and illness. Housing impacts health in various ways; directly, inadequate housing has been known to expose individuals to the elements, to mold or toxins, or overcrowding. These conditions can increase transmission of communicable diseases and increase vulnerability to bodily harm from accidents and assault⁴. Housing also has a significant impact on health *indirectly*, as housing is often an individual or household's single largest cost per month. Thus its affordability impacts the household budget for other health promoting items such as leisure and healthy foods⁵. Regarding healthcare, the 2010 REACH Report found that the homeless or vulnerably housed in Vancouver, Toronto, and Ottawa had poor access to health services, with 40% reporting unmet healthcare needs⁴. Mental health is a concern for an estimated 25-50% of Canada's homeless, who are unable to start a recovery without the stability of a place to call home⁶. Adequate and affordable housing is one of the building blocks for wellbeing, and is critical to the success of many other health-oriented programs⁶. Vulnerable housing also exacerbates the risk of harm to those already at higher risk, including indigenous people, women and children, LGBTQ people, immigrants, refugees, undocumented people, and those suffering from mental illness and addiction¹.

The State of Chronic Homelessness and Vulnerable Housing in Canada

On any given night, 30,000 people in Canada are homeless. A full 200,000 people experience homelessness in the course of a year¹. In addition, of the 12 million households in Canada more than 1 million are in core housing need with a further 380,600 households in severe housing need, spending more than 50% of their income on housing. An estimated 1.3 million households live in homes that require major repairs, with the health and safety of the people living there being put at risk⁷. The

continued rise in rental and ownership costs in Canada⁷ coupled with decreased access to social housing units continues to increase the number of homeless and vulnerably housed Canadians, including families⁷.

In Canada there is a broad spectrum of approaches to addressing homelessness, reflecting a spectrum of housing vulnerability, and activities are carried out by a wide variety of governmental, nonprofit, and civil society organizations. These approaches include homelessness prevention services, emergency shelters, outreach, transitional housing, social housing and various social support services⁸. Each of these services has an important role to play, and a "Housing First" approach has emerged as a key component of any homelessness strategy. This approach involves directly providing permanent, independent housing to people facing homelessness and then providing services once their basic needs have been met⁹. There is evidence that Housing First improves health outcomes and allows people to maintain stable housing, while costing less to the system overall⁹. This model is particularly effective for those who are chronically homeless, experiencing homelessness for years and even decades, often due to disability, extreme mental illness or substance abuse issues¹⁰. Canada should move towards expanding the Housing First model to make programs accessible across the country.

National Affordable Housing Policy in Canada

The basic structure of Canada's housing economy is that of the market, where housing units are largely constructed, sold, and rented without government regulation of prices. This leads to adequate housing outcomes for most people in Canada, but for a significant segment of the population support is needed to ensure they are adequately housed. Since the 1930s the Canadian government has engaged in many forms of intervention to enable access to affordable housing for those who cannot afford it on the open market.

While many different housing policies and programs have attempted to address this problem, one of the most prominent was social housing, implemented by the Federal Government through a number of different programs from 1945-1993. A social housing unit is any home that receives funding or subsidy from the government in order to allow it to be rented at below the market rate for its value. Social Housing in Canada can either be 1) Public Housing, where units are owned and operated by governments, or 2) Non-Profit, Co-op, and Urban Native housing. From 1973-1993 the federal government, through the CMHC, entered agreements with Provincial/Territorial and Municipal governments (1), as well as independent housing providers (2), to purchase or construct social housing, with mortgage payments and operating costs subsidized by the federal government¹¹.

Nearly all of the federal agreements made between the CMHC and Public, Non-Profit, Co-op, and Urban Native housing providers were signed between 1964 and 1993 for a period of either 35 or 50 years. That means that the period of 2008-2034 will gradually bring the end of subsidies to the existing social housing stock. Because the situation of each public and non-profit housing provider is different, the end of subsidies will affect each one differently. There is currently no central information about the post End-of-Agreement (EoA) viability of social housing providers, but recent research has suggested that as many as 25-50% of social housing providers are at risk of being unable to maintain their current level of social housing. Focusing on higher risk projects such as Urban Native projects, this number is as high as 80%¹². This would mean more people at risk of being vulnerably housed or homeless, in a time when waiting lists for social housing continue to steadily climb¹³.

A National Housing Strategy

Canada remains the only G8 country without a national housing strategy⁷. Federal programs leading to sustainable investments in social housing ended in 1993, and since then only piecemeal

investments have been made in affordable housing. There is currently no long-term plan in place with measurable targets and timelines aiming to ensure access to adequate and affordable housing for all people in Canada.

In recent years there has been a legislative effort to change that. Bill C-400, entitled *An Act to Ensure Secure, Adequate, Accessible and Affordable Housing for Canadians* was introduced as a private members bill in 2012 and would have established a process for setting national goals for housing. However, this bill was defeated in February 2013, leaving Canada without a comprehensive national housing policy. There remains a need for new plans for affordable housing construction, and national leadership to coordinate the actions of the various players involved in housing in Canada.

Provinces, territories, and municipalities have picked up much of the slack. Almost every province and territory has increased housing investments in recent years and municipalities are committed to utilizing community based housing providers to respond to the needs of their communities⁷. However, the current funding is not enough to match housing needs, leading provincial and territorial governments, municipalities, non-profit organizations, and housing advocates across Canada to demand a more cohesive, long-term strategy. The Canadian Housing and Renewal Association also support the push for a comprehensive national strategy, with a focus on a long term, sustainable plan to end homelessness¹⁴.

It is clear that while Canada is a world leader in equitable health care, we are failing to adequately address housing, jeopardizing the health of a substantial proportion of our most vulnerable populations. A national housing policy will be necessary to ensure the funding and tools needed to meet the diverse and growing needs of the insecurely housed population.

First Nations, Metis, and Inuit Housing in Canada

The CFMS recognizes the Government of Canada's accomplishments in improving First Nations housing. Through the CMHC and the Aboriginal Affairs and Northern Development of Canada (AANDC) the government has constructed 1750 new units, and renovated over 3000 existing units¹⁵.

However, Canada's First Nations people continue to face a housing crisis. The Assembly of First Nations estimates that 44% of the existing units will require major repairs, 18 % will require replacements, and there will be a backlog of 130 000 units between 2010 and 2031. In addition, many of these houses contain mold. While the government has initiated some degree of housing inspection for mold, there has been no plan to ameliorate this problem to date¹⁶. Every night 6.97% of the Canadian Aboriginal population goes homeless. This is well above the Canadian average of 0.78%¹⁷.

For Inuit, today's housing crisis began when Inuit living in Nunatsiavut, Nunavik, Nunavut, and the Inuvialuit region first moved into the 53 communities of Inuit Nunangat, across northern Canada. In the 1950's, the Canadian government settled Inuit into housing that was not designed for the cold, for large intergenerational families, or for Inuit hunting and harvesting activities. Today, 38% of Inuit live in crowded homes (compared with 5% of non-indigenous Canadians), while 31% of Inuit live in houses needing repair (compared with 14% of non-indigenous Canadians). Overall, Inuit are nearly eight times more likely than other Canadians to live in crowded homes¹⁸.

Inuit are the youngest population in Canada. Because the median age of Inuit in Canada is 22 (compared with 40 years of age for non-indigenous Canadians), program and service needs are often greatest among children and youth. The 2006 Canadian Census found that 40% of Inuit children under the age of 15 live in crowded homes, which are strongly linked to poor ventilation and higher rates of lower respiratory tract infections including pneumonia and bronchiolitis, and preventable hospitalizations of Inuit infants and children¹⁹. Moreover, for all people, housing is an essential component of healthy early child development, itself a powerful factor in ensuring health equity²⁰.

Improving the quality and availability of housing is essential to ensuring optimal health for new generations of Inuit infants, children, and youth in Canada.

Access to adequate and affordable housing is a public health crisis for Inuit in Canada. Working with Inuit to design Inuit-specific solutions to this crisis is a necessity. With this commitment to partnership as a foundation, there is an urgent need to implement housing solutions now based on the best available evidence, while continuing to support the development of health indicators, evidence, policies, and programs specific to Inuit and the North. The national Inuit organization Inuit Tapiriit Kanatami and the regional Inuit organizations in Nunatsiavut, Nunavik, Nunavut, and the Inuvialuit region are essential partners for efforts to expand access to housing and health in Inuit Nunangat.

Principles

The CFMS....

- as stated in our *Position Paper on Social Determinants of Health*, affirms that every person, through all cultures and social situations, has the right to reach their highest sustainable standard of health. Canada must place the social and economic determinants of health at the core of its 21st century public health agenda.
- 2. recognizes access to adequate and affordable housing both as a fundamental social and economic determinant of health and as a human right recognized both in the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights.
- 3. further affirms that the fulfillment of access to adequate and affordable housing for all people in Canada is not just possible, but given sustained social and political will, attainable within our generation.
- 4. acknowledges that there are many different policy approaches to a single set of problems, and that its membership comes from diverse political, economic, and social perspectives, but
- 5. emphasizes that only a long-term approach that brings all stakeholders to the table and develops clear, measurable national targets can bring about a Canada in which all are affordably and adequately housed.
- 6. in recognition of Canada's history of colonization and extreme marginalization of Aboriginal peoples, asserts that Canada has a special duty towards these peoples and the advancement of their health and well-being.

Recommendations

The Government of Canada, in collaboration with provincial, territorial and municipal governments, First Nations, Métis, and Inuit organizations, non-profit and private sector housing providers, and civil society organizations, should develop a comprehensive national housing strategy that will set measurable targets towards access to adequate and affordable housing for all people in Canada.

This strategy should include:

1) Provisions for the maintenance of existing social housing and the expansion of affordable housing to help meet needs of those who struggle to afford housing on the open market. This may include reinvesting savings from the end of social housing agreements, or new policies and programs toward this end. These provisions must take into account both the affordability and the adequacy of housing.

2) Provisions for ending chronic homelessness and vulnerable housing. This can include a multitude of different programs and strategies, and will include partnering with local non-profit, private, and governmental bodies, but should emphasize the Housing First model of addressing chronic homelessness. We recognize that temporary bouts of homelessness are impossible to prevent. However, programming should focus on strengthening communities' homelessness safety nets to ensure these bouts are as brief as possible and that sustainable support is procured as soon as possible.

3) Provisions specifically addressing access to adequate and affordable housing among First Nations, Métis, and Inuit. Specifically, we encourage the Government of Canada to commit to the following actions:

i) The federal government must recognize and implement its duty to ensure that First Nations, Metis, and Inuit communities across Canada obtain an adequate number of safe and sustainable housing units. While the CMHC and AANDC do provide funding for this goal, the government has not recognized its obligation to ensure access to adequate and affordable housing for all First Nations, Metis, and Inuit in Canada, and the government's investment to date is insufficient to halt the housing crisis.

ii) We encourage the Canadian government to recognize the health inequities faced by First Nations, Metis, and Inuit living in urban centers, and commit to working with these populations to ensure universal access to reduce the number of individuals who are homeless and underhoused, and ensure access to adequate and affordable housing.
iii) Specific to the health of First Nations, we encourage the federal government to heed the Assembly of First Nation's resolutions calling for First Nations to have inclusive roles in evaluating future housing policies for Canada's reserves, recognizing this as a right of Canada's First Nations.

iv) Specific to Inuit health, we encourage the federal government to work with Inuit Tapiriit Kanami and Inuit organizations in Nunatsiavut, Nunavik, Nunavut, and the Inuvialuit Settlement Region to develop Inuit-specific housing policies and programs that ensure universal access to adequate and affordable housing in the North.

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