

Opportunities for Action at the Intersection of Housing and Health

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Hamilton Housing Summit May 21, 2019



Overview

- Housing is an important determinant of health: housing and related policies can protect health
- Tightly linked crises in mental illness & addictions, emergency care, elder care, hospital usage, etc.
- Key link between housing & institutional care
 - **Housing = accommodation + support**
 - **Institutional care = accommodation + support**
- Opportunities for inter-sectoral housing & health action to mitigate serious affordable housing crisis
 - Improve physical housing quality at low end of private market rental housing to protect health & stabilize tenancies
 - Increase supported housing for key groups who are high users of services in other sectors (e.g., seniors, ppl with mental illness)

A Framework for Investigating Housing, Health & Well-Being

- Physical Hazards
- Physical Design
- Psychological Benefits
- Social Benefits
- Financial Dimensions
- Location

- owners/renters
- different income levels
- (dis)ability
- mental illness
- age spectrum (kids, seniors)
- gender
- ethnicity/immigration
- family/household status

Affordable Housing Crisis

- Until 1992, Canada had a mediocre housing policy, but new Federal \$\$ eliminated 1993-95
- We are now experiencing the impact of 25+ years of under-investment
 - 1995-2015: 3,264 rental units in ON built/yr; 1,723 in 2017; 2,669 in 2018 | Need 8,000 units/yr
- Urgent action needed, but no silver bullet
- Possible synergies b/w housing & health sectors: targeted expertise; resources and moral authority
 - Supported housing for people with mental illness & addictions
 - Supported independent housing for vulnerable older adults

Supported Housing & Mental Illness

- At Home / Chez Soi demonstration project was RCT of supported housing for people with severe mental illness and addiction
- Positive impacts on housing retention, reduced service utilization
 - Cost of program < costs avoided in other sectors, e.g., police, EMS, justice (for high needs clients)
- Almost no scaling has occurred – difficult to realize 'savings' from cost avoidance

Supported Housing for Older Adults

- ALCs, premature entrants to LTC, social & service isolation, transportation: big issues
- Hospitals, LTC, retirement homes, domiciliary hostels, even detached homes = **accommodation + support**
- Major need for supported housing where ppl can live independently for longer
- Emerging models in non-profit sector can fill gaps and relieve pressure on health system

Key Facts I

- 80+ population in GGH estimated to increase from ~ 350K to 1.05M by 2041
- Greater Toronto & Hamilton Area highly car dependent, low-density urban form
- Tests to prove driver fitness now harder
- Number of 80+ adults without DL stuck in suburbs poised to grow quickly
- 'Burden of care' of just driving people around will be *significant*



3 MINUTE READ

Our Infrastructure Fails Seniors Who Don't Drive, And That's A Problem For Everyone

What will happen when so many people are left without a practical way to get around?

Photo: Michael Kowalczyk/EyeEm/Getty Images



[CHARLIE SORREL](#) | 04.19.16 | 12:52 PM

Key Facts II

- Severe risk of social isolation – deadly
- Gap in purpose-built options for ‘housing career’ b/w single family home & institution
- ‘Aging-in-place’ can mean people are stuck in inappropriate accommodation
- Costs of providing public transportation to replace seniors’ car trips in suburbs is high
- Disability = function + environment
- WINTER





Questions for the Future

- How can we plan our cities so that they promote greater levels of independence for older people, for longer, at scale?
 - Age-optimizing cities?
- What would age-optimizing neighbourhoods look like?
 - Housing, transportation, social opportunities, services
 - How can this be marketable, affordable, desirable and culturally appropriate and balance 'dignity of risk'?
 - What would also make such a built form ready for future use, post-baby-boomers?

Collaboratory for Research on Urban Neighbourhoods, Community Health & Housing



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