



Housing



Health Equity Impact Assessment
in the 2014 Toronto Mayoral Election
Wellesley Institute

Toronto is experiencing a housing crisis with three major challenges: a lack of affordable housing, poor quality and inadequate social housing, and homelessness.

For too many Torontonians the lack of affordable homes means having to spend too much of their income on rent. Housing is considered unaffordable if it costs more than 30 percent of a household's income. In 2010, 43.5 percent of renter households in Toronto exceeded this, leaving little in the budget for other essentials, like food, transit, and medicine.¹ Not only is this unsustainable for many households, but it makes day-to-day life very difficult.

The inadequate supply of Toronto Community Housing (TCH) units is well-known. In June 2014, there were 92,241 households on the TCH waitlist, of whom 28,798 are households with seniors.² Additionally, many TCH units are in need of urgent maintenance to make them safe and healthy. As of January, 2014, TCH reported that its capital repair backlog was \$914 million and that \$2.6 billion would be required over the next 10 years to maintain their units in a state of good repair.³

What's more, Toronto's homeless population continues to grow and shelters routinely operate at or near capacity.⁴ In 2013, the City estimated that 5,253 people were without a home, 447 of whom slept outdoors.⁵ Almost half of the people without a home reported being on a housing waitlist, including 19 percent who were waiting for supportive housing that specifically caters to mental health needs. Ninety-three percent reported that they wanted permanent housing.⁶

A health-enhancing housing plan would address housing unaffordability, increase the supply of TCH and other subsidized units, fund the TCH capital repair backlog, and commit to eliminating homelessness in Toronto.

Health Impacts of Housing

There is extensive evidence that living in poor quality or unsafe housing can have direct and indirect health impacts.⁷ For example, living in damp and moldy conditions can contribute to the development of respiratory conditions, like asthma.⁸ The connections between homelessness and poor health are also well established; people who are homeless are at greater risk of death and serious health problems like tuberculosis than the general population.⁹ Moreover, risk of homelessness is associated with other risk factors for poor health, like poverty and addiction.¹⁰

But a person doesn't have to be homeless for housing to impact their health; housing affordability can also impact health. Housing is one of the largest expenses that most people face. There are strong connections between living in unaffordable housing – defined as costing 30 percent or more of a household's income – and poor health.¹¹ When housing takes up a large percentage of a household's income, there is less money available for other essentials like healthy food, child care and transportation.¹² Moreover, a lack of affordable housing can mean living in crowded situations, putting people at risk for infectious diseases such as tuberculosis and respiratory infections.¹³

Health Equity Impacts of Housing

Some populations are at greater risk of experiencing poor health owing to poor quality or unaffordable housing, including seniors, youth, newcomers, ethnic minorities and LGBT communities.¹⁴ People with low income or who are living in poverty are at particular risk of homelessness¹⁵ and are more likely to live in unsafe, inadequate or overcrowded housing arrangements.¹⁶ In Toronto in 2010, 19.3 percent of the population had income under Statistics Canada's after-tax low income measure. Some sub-populations in Toronto experience even higher rates of poverty, including children aged under six years (25.6 percent) and youth aged under 18 years (25 percent). Additionally, 43.5 percent of renter households pay more than 30 percent of their income on housing.¹⁷ That number is far too high.

Children are particularly vulnerable to poor health outcomes that are related to housing and homelessness. Children can be especially sensitive to moisture and mold.¹⁸ Children who are homeless are more likely to experience asthma and ear infections, and have overall poor physical and mental health. Homelessness during pregnancy also results greater incidents of preterm delivery and low birth weight.¹⁹ Living in poor quality housing as a child may also contribute to poorer health over their lifetime.²⁰

How do Toronto's Leading Mayoral Candidates Measure Up for Equity in Housing?

	 Chow	 Ford	 Soknacki	 Tory
Affordable Housing	<p>Target 20% of units in new residential towers to be affordable, creating 15,000 new units over four years. Development charges for these units would be deferred for 10 years.</p> <p>Rezone areas around existing residential towers to allow street-level commerce and public spaces.</p>	Not yet addressed.	<p>Extend the tax reduction for multi-unit residential buildings past 2015.</p> <p>Lobby the federal government for greater affordable housing funding.</p> <p>Allow location-specific development charges to provide discounts for development in targeted areas.</p> <p>Support zoning proposals that would increase housing availability such as laneway housing.</p> <p>Reduce threshold for requiring inclusionary zoning and dedicate a portion of any funds-in-lieu to the TCH repair backlog.</p> <p>Require that 10% of units be affordable in developments in areas of very high density or in projects requiring rezoning.</p> <p>Reform and standardize Section 37 rules.</p>	Not yet addressed. Tory campaign has indicated that their housing platform will be announced in early September.
Social Housing	<p>Pilot program to transfer governance of TCH seniors' housing. Governance would be transferred to a stakeholder-run Seniors' Community Public Housing Corporation.</p>	Not yet addressed.	<p>Decentralize TCH into smaller agencies in partnership with charities and land trusts.</p> <p>Adopt new service benchmarks and management strategies to reduce the TCH waitlist.</p> <p>Fund state of good repair backlog and allow TCH residents to perform minor maintenance.</p>	Not yet addressed. Tory campaign has indicated that their housing platform will be announced in early September.
Homelessness	<p>Not yet addressed. Chow campaign has indicated that their homelessness policy will be announced in late August.</p>	Not yet addressed.	<p>Establish a Mayor's Homelessness Committee with the goal of ending homelessness.</p> <p>Expand eligibility criteria for support through emergency rent and utility programs.</p> <p>Partner with a charity to run a city Rent Bank.</p> <p>Support LGBT youth homelessness initiatives.</p>	Not yet addressed. Tory campaign has indicated that their housing platform will be announced in early September.

Housing for a Healthier Toronto

High quality and affordable housing is essential for good health. Despite this, neither Rob Ford nor John Tory have addressed housing issues in Toronto. Chow and Soknacki have housing policies, but they have not directly considered the health impacts of their proposals. Some of Chow and Soknacki's housing policies, however, may have positive health benefits for Torontonians.

Chow and Soknacki would address the lack of affordable housing in Toronto through zoning changes. Both candidates have promised to expand inclusionary zoning, whereby developers would be required or incented to provide affordable housing in return for regulatory concessions.²¹ They would also make changes to existing zoning to facilitate the construction of more affordable housing in Toronto. Rezoning areas around existing residential towers to allow business activity and public spaces, as promised by Chow, may provide greater access to essential services such as grocery stores, mitigating the impact of living in poor housing. Soknacki would also lobby the federal government for additional affordable housing funding. **Ford and Tory have not yet addressed the lack of affordable housing in Toronto.**

Chow and Soknacki have similar policies on the decentralization of Toronto Community Housing Corporation governance to smaller, community-focused organizations. Evidence suggests that empowerment of tenants in social housing can lead to improvements in well-being;²² Chow and Soknacki's proposals could therefore contribute to improved health for TCH tenants through increased social capital.

Soknacki has also committed to making administrative changes to reduce the TCH affordable housing waitlist and to fund state of good repair backlogs. Many of the 92,241 households on the TCH waitlist may be paying more than 30 percent of their income on housing while they wait for an affordable home, and some may be homeless. Given the connections between housing and health, reducing the TCH waitlist by facilitating access to affordable housing is critical. Likewise, Soknacki's commitment to fund the state-of-good-repair backlog is also important to ensure that TCH residents have safe and healthy homes. **Ford and Tory have not yet addressed social housing.**

Soknacki has committed to creating a Mayor's Homelessness Committee and has endorsed the Housing First model to address Toronto's homelessness crisis. An evaluation of the Toronto component of the Mental Health Commission of Canada's At Home/Chez Soi initiative to house people who were homeless and/or who had a mental illness showed that this program resulted in reductions in hospitalizations, health provider visits and emergency department and shelter use.²³ Soknacki's commitment to expanding eligibility for rent and utility supports for low income Torontonians may also prevent the negative health impacts of increased housing precarity and homelessness.²⁴ **Chow, Ford and Tory have not yet addressed homelessness.**

ENDNOTES

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