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Janet Hope
Assistant Deputy Minister
Ministry of Municipal Affairs and Housing Division
College Park, 14th Floor
777 Bay Street Toronto,
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Re: OPHA Affordable Housing Strategy Submission

The Ontario Public Health Association would like to thank you for the opportunity to provide comments on the Province of Ontario's *Long-Term Affordable Housing Strategy Update*. Overall, we would like to commend your consultation process, for seeking locally-driven and inclusive solutions, and provide some recommendations which are outlined below.

Created in 1949, the Ontario Public Health Association (OPHA) is a not-for-profit organization committed to providing leadership on issues affecting the public's health and strengthening the impact of people who are active in public and community health throughout Ontario. Our mission is achieved by providing professional development, timely information and analysis on public health issues, access to multi-disciplinary networks, advocacy on healthy public policy, and expertise and consultation.

As the health and well-being of people is strongly related to the housing conditions that they live in, affordable housing is of great concern to our organization. OPHA sees increased investment in affordable housing as an investment in health promotion and disease prevention. It can help reduce health care costs, improve people's health and well-being, especially that of children, and contribute to a community's vitality

A well-established body of evidence links affordable housing with positive health outcomes. For instance, affordable housing leaves residents with more disposable income to buy necessities such as healthy food and medication. The provision of affordable housing in proximity to services, transit and employment is also central to complete communities that support active transportation and healthy lifestyles. Other benefits can include improved mental health, reduced violence and social isolation. In sum, affordable, accessible, and good quality housing is an important social determinant of health.^{1,2,3}

Unfortunately, the waiting list for affordable housing in Ontario is at an all-time high. OPHA is concerned about these alarming statistics and the implications for those effected:

- households spending 30% or more of household income on shelter, proportion of total shelter-cost households in the province: 27% (Toronto: 34.7%)
- proportion of **tenant**-occupied households spending 30% or more of household income on gross rent: 42.2% (Toronto: 43.2%)
- proportion of **owner** households spending 30% or more of household income on owner's major payments: 20.9% (Toronto: 27.6%)⁴

In Toronto, for example, as demonstrated in the report *Poverty by Postal Code 2* (2011) by United Way Toronto⁵ and from Dr. David Hulchanski's findings in *The Three Cities within Toronto* (2010) report⁶, Torontonians are experiencing decreasing access to affordable housing, deterioration in the housing stock and growing geographic polarization, whereby people living on low incomes are increasingly pushed to the peripheries of the city in their efforts to find affordable housing.

Rural Ontario presents different challenges. The proportion of households experiencing affordability challenges⁷ in Elgin county, for instance, is 19% of owners and 42% of renters, which amounts to a worrisome 7,000 households (out of just over 30,000) experiencing housing affordability issues in that county alone⁸. In Northern Ontario, the condition of housing stock is a major concern. Demolitions serve to eliminate dwellings that are beyond repair. The net increase in new units being built is not on pace to address the housing needs of Northern Ontario. In the far North, dilapidated and crowded housing contributes to the high rates of both chronic and communicable disease, such as tuberculosis. Part of the problem is the high cost of building and maintenance of homes in the North, which contributes to the disproportionate representation of First Nation populations facing inadequate housing⁹.

In response, we would like to provide the following recommendations:

1. **Require high growth neighbourhoods to include housing that is affordable to people living on a low-income.** In areas of rapid development, **introduce inclusionary zoning** as a policy tool to make more affordable housing available. Inclusionary housing can thus be used as a tool to slow down and reverse housing segregation in the major metropolitan areas. Currently the Planning Act does not provide the required legal authority for municipalities in Ontario to mandate inclusionary affordable housing policies.
2. **Work with other Ministries to create a province-wide tax incentive mechanism** to encourage specific types of affordable housing construction. **Province-wide yet adaptable solutions** are needed to increase the pool of adequate and affordable housing. **We recommend the re-infusion of funding**, to be managed peripherally, depending on need. In addition, in fiscally restrained situations, we recognize that partnerships with private or cooperative agencies can also be fruitful. Some jurisdictions use mechanisms for developers to seek tax breaks through **harmonized regional incentives**. For example, Qualified Allocation Plans (QAPs)¹⁰ permit most states in the United States to promote the development of specific types of housing, which can be adjusted as needs change (e.g. for senior housing, housing in specific geographic areas etc.).

3. Tackling affordability in isolation is not enough. **Require provincial legislative tools to consistently take into consideration these proven approaches** to the built environment:
 - increase density through mix of uses (e.g. retail, housing, parks etc.) in neighbourhoods-this helps create complete communities;
 - strengthen community infrastructure including public transit, infrastructure for active transportation (walking, cycling), recreational public spaces, green space, and access to affordable, nutritious food;
 - consider climate change related issues that would impact indoor air quality (e.g. thermal comfort during extreme heat. Currently there is no requirement to provide cooling to tenants during hot weather);
 - provide municipalities with the authority (through the Planning Act) to use locally generated funds through the development approval process to be directed to improve housing quality in low-income housing units;
 - provide safe public spaces and building amenities to encourage social gathering and a sense of community.

4. The maintenance and upkeep of existing rental units is a major concern throughout the province and we support the Ontario Municipal Social Services Association Service Managers Housing Network's recent **call for Service Managers** to start playing a more key role in addressing housing need in their communities and specifically, **to build sustainability in the housing system**¹¹.

5. We urge the Ministry to **take a health equity lens and multi-sectoral approach to monitor and evaluate progress**¹². The following interrelated indicators should all be considered, and opportunities for vulnerable groups should be compared to the mean when evaluating the impact of a new policy:
 - how affordable housing buildings and the neighbourhood support physical activity, social cohesion and mobility. Infrastructure in the neighbourhood for active transportation should be measured;
 - play opportunities for children and access to affordable day care and programs such as swimming lessons and other recreation/active lifestyle opportunities; and
 - local employment opportunities and public transit / active transportation access to employment outside the community.

6. Finally, research is pointing to the **need for a new definition of affordable housing that incorporates transportation costs**, thereby recognizing that cheaper accommodation is not necessarily affordable if it has high operating or transportation expenses. As mentioned, poor households are increasingly being forced into service- and transit-poor areas throughout the province. We therefore support a new definition of affordable housing that takes this into account - one where households spending more

than 45% of their budgets on housing and transport *combined* are considered at risk¹³. We believe this new measure will better guide healthy public policy, moving forward.

Thank you for considering our comments and recommendations. We would welcome the opportunity to a meet with ministry officials to discuss these recommendations in more detail.

Yours sincerely,



Pegeen Walsh
Executive Director

References

1. Kathryn MacKay, & John Wellner. (2013). Housing and health: OMA calls for urgent government action, housing-supportive policies to improve health outcomes of vulnerable populations. Ontario Medical Review, (July/August). Retrieved from https://www.oma.org/Resources/Documents/Housing_Health_Aug2013.pdf
2. BC Provincial Health Services Authority. (2014). Healthy Built Environment Linkages a Toolkit for Design, Planning and Health. Retrieved from http://www.phsa.ca/NR/rdonlyres/4F760D04-827A-409D-90DA-2C3598024E8E/69564/LinkagesToolkitFINALApril8_2014_FULLL.pdf
3. Ontario Public Health Association. (2014). Resolution # 1 Position Statement on Applying a Health Equity Lens (Submitted by the Association of Local Public Health Agencies - Ontario Public Health Association (alPHa - OPHA) Health Equity Working Group). Retrieved from <http://www.opha.on.ca/getmedia/e19faab2-52d0-4aae-bde8-e4d9364aab3f/OPHA-Position-Statement-Applying-a-Health-Equity-Lens.pdf.aspx?ext=.pdf>
4. *Statistics Canada. Table 109-0401 - National Household Survey indicator profile, Canada, provinces, territories, health regions (2014 boundaries) and peer groups, every 5 years (number unless otherwise noted), CANSIM (database). (accessed: 2015-06-22)*
5. <http://www.unitedwaytoronto.com/document.doc?id=89>
6. <http://www.urbancentre.utoronto.ca/pdfs/curp/tnrn/Three-Cities-Within-Toronto-2010-Final.pdf>

7. Defined as spending more than 30% of household income on housing
8. National household survey 2011
9. Métis Nation of Ontario, Ontario Federation of Indian Friendship Centre & Ontario Native Women's Association. (2013). Ontario Urban & Rural First Nations, Métis & Inuit Housing Policy Framework. Retrieved from <http://www.ofifc.org/sites/default/files/docs/OUR%20Framework-%20%20Ontario%20Urban%20and%20Rural%20First%20Nations%2C%20Metis%20and%20Inuit%20Housing%20Policy%20Framework%20%281%29.pdf>
10. <http://changelabsolutions.org/publications/QAP-primer>
11. <http://www.omssa.com/public-affairs/communications/position-papers-reports/ltahs-renewal-omssa-smhn-hsc.pdf>
12. Across the literature, there are a variety of tools which can function as processes or lenses to help ensure that a health equity lens is used. Some examples include health impact assessment (HIA), equity focussed health impact assessment (EFHIA), health equity impact assessment (HEIA), situational assessment and health equity audit (HEA).
13. VPTI, 2015: http://www.vtpi.org/aff_acc_hou.pdf