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Moving Forward on Housing and Homelessness 2009 Consultations on Federal Housing and Homelessness Investments

Consultation Brief to the
Human Resources and Skills Development Canada
and
Canada Mortgage and Housing Corporation

**Prepared by the
Canadian Public Health Association**

October 2009

Introduction

The Canadian Public Health Association (CPHA) is Canada's only non-governmental voice dedicated exclusively to public health. Its membership, the public health community in Canada, is multidisciplinary and multisectoral. Founded in 1910, CPHA addresses a broad range of health and social issues. CPHA's members believe in universal and equitable access to the basic conditions necessary to achieve health for all Canadians. The Association welcomes this opportunity to share with the Human Resources and Skills Development Canada and the Canada Mortgage and Housing Corporation its views on an investment by the federal government on housing and homelessness.

Housing and homelessness are not simply a "social" issue; they are critical determinants of health. They should be part of an integrated suite of investments that cover the continuum of shelter-related issues. Although data indicate progress made in some elements of national housing and shelter, there is room to improve the current design and delivery of federally-initiated and supported policy and programs addressing housing and homelessness.

In the mid-1990s CPHA adopted several resolutions and motions that spoke to the central role of adequate shelter as a determinant of health. The Association made 11 recommendations, among these a call to the federal government to foster a positive policy environment that would encourage the building and maintenance of affordable and appropriate housing and to develop public policies and programs to address homelessness. CPHA remains committed to a "determinants of health" framework and supports an intersectoral, whole-of-society mechanism to address housing and homelessness.

The federal government plays a vital role in providing leadership and investment to improve the quality and quantity of housing available for low-income Canadians and to respond to the country's homelessness situation. This is a shared responsibility with the provincial, territorial and local governments and other sectors. It also includes the involvement other non-governmental sectors, including both for-profit business and not-for-profit voluntary organizations. The Government of Canada should be applauded and encouraged to build on and extend its efforts in this area.

CPHA was invited to provide input to the 2009 consultations on federal housing and homelessness investments. The following represent a summary of CPHA's the questions posed in the consultation background document.

Moving forward on housing and homelessness

Discussion Theme 1: Policy Priorities

1.1 Housing

What do you want housing investments to achieve? What are the best strategies to get there?

Housing investments should seek to maximize the health and quality of life, and social re-integration of the residents, and build 'social capital' through links with their surrounding communities. Priority groups should be First Nations, and low-income children and families, and seniors.

The desired outcomes should be persons placed, housing stability, costs of health/social services used, and social re-integration. CIHI, StatsCan, CIHR and SSHRC should be re-structured to given more appropriate emphasis to full range of determinants of health. The evidence suggests as much as 2/3 of our health derives from non-medical determinants. The remainder is biological, and health services.

Private citizens and private sector businesses should receive tax breaks for investing in supportive housing. Innovative tax credits should be implemented, such as donations toward the education, health or employment of a low-income person.

Current investments are insufficient to meet the current range of needs of Canadians along the housing continuum (i.e., emergency shelters, supportive and transitional housing, social and affordable housing, market rental and home ownership).

1.2 Homelessness

What do you want federal homelessness investments to achieve? What are the best strategies to get there?

The priority populations are not dissimilar to those identified above. People living with a mental illness should also be included as a priority population for both housing and homelessness, as they constitute a significant proportion of the homeless and of those with inadequate housing.

Issues of housing homelessness should be tied to a broader focus on maximizing the 'social reintegration' of at-risk persons. For example, people exiting prison need special supports for health, education, and employment.

HPS would be more effective if it had more funding that was legislated and long-term, if it had mandated national goals, if it had data support from CIHI, etc, and if it had a larger budget for rigorous, mixed (qualitative\quantitative) evaluations and research.

Housing and homelessness should be part of a wholly-integrated, continuum of investments centred around social re-integration of marginalized persons, reducing health inequities, and building 'social capital. It should definitely be integrated with other support services.

Discussion Theme 2: Roles

2.1 Housing

What are the optimal roles of different levels of government in addressing housing issues?

The Federal government should provide leadership through mandated funding, supportive long-term legislation, and support for evaluation/research. The P/T governments are best suited to administer all resources.

2.2 Homelessness

What are the optimal roles of different levels of government in addressing housing issues?

Whether or not community-based models are effective in responding to homelessness depends on how one defines "effective". It would be more effective with larger, longer-term resources, mandated long-term legislation, national goals, supportive data infrastructure and greater community control over funds and programs.

The HPS provides a good test-case for an intersectoral approach to reducing inequities. As such, all ministries and sectors of society could and should be involved. All F/P/T governments should undertake a pan-government review in which all ministries and departments are required to identify how they are using an evidence-based approach (consistent with the evidence on determinants of health) to reduce inequities and maximize the health of Canadians.

Discussion Theme 3: Program Delivery and Funding

3.1 Housing

Based on your views regarding policy priorities and roles, should existing housing program delivery and funding mechanisms be maintained, and if so, could changes be made to improve their effectiveness?

The existing delivery and funding mechanisms should be maintained, but greatly expanded in their budgets and length of term. Communities should have greater direct control over program delivery and evaluations, and the funding mechanisms should be expanded, eg., to include dedicated F/P/T 'taxes'.

With respect to the effectiveness of AHL and the federal renovation programs, greater emphasis should be placed on national (including Quebec) collaboration, sharing of lessons and resources.

The key barriers and challenges are implied throughout the above comments. First, Canadians are not sufficiently aware of the evidence regarding the 'true' determinants of health. Second, governments' programs and policies are not organized around this evidence and the reduction of inequities.

The housing needs of low-income Canadians that are not being met under the current programs. The price of housing in most cities is too high. If we truly wish to secure a sustainable and equitable future for all then the price of rental and market housing in each city should be tied to the incomes of its residents. If a town or city has 10% of its population with a maximum income of ~ \$70,000, then 10% of available housing would be affordable to them. Each 'community' would include market AND non-market, 'social' housing for the working poor, persons with disabilities, and low-income First Nations that is priced according to their income. Current investments are not sufficient to address the gaps.

3.2 Homelessness

Based on your views regarding policy priorities and roles, should the Homelessness Partnering Strategy be maintained, and if so, could any changes be made to improve its effectiveness?

The design of the HPS does not adequately support homelessness prevention services, as the existing program is insufficient. Prevention of inequities should be a pan-governmental responsibility. If we are serious about being a healthier country, we should mimic the policies and programs of the other healthiest countries such as those in Scandinavia, not the USA.

3.3 Alternative Models for Housing and Homelessness

Based on your views regarding policy priorities and roles, should alternative approaches be considered to improve delivery and results to Canadians in housing and homelessness? If yes, what alternatives would you recommend?

Meaningful effort and changes in the housing and homelessness situation in Canada require a more integrated, expanded and sustained approach. In line with its previous pronouncements and recommendations on housing and homelessness, and taking into consideration the opportunity through the 2009 consultation process offered through Human Resources and Skills Development Canada and the Canada Mortgage and Housing Corporation, CPHA proposes the following key recommendations for consideration by the federal government:

1. the adoption and application of a National Housing Strategy (which would encompass homelessness) wherein the price of available housing would be restricted to match the incomes of various strata of people in each specific community or region. It must be based within a strong inter-ministerial and intergovernmental mechanism. This strategy would be anchored in long-term legislation and line-item core funding rather than the present episodic approach. It should include public, measurable objectives and a robust and significant budget for evaluation and research that is supported by a national network of housing and health evaluation units.
2. A National Housing Strategy would be predicated on a social determinants/population health framework. The factors that contribute to homelessness and to housing insecurity must be addressed from a social determinants of health lens; simply stating that it is a complex issue is insufficient. Such a framework would also address the links between housing affordability and accessibility and food insecurity, employment security and other factors that are linked strongly with housing security and health. The implementation of a national media-advocacy campaign around the social determinants of health that highlights and educates Canadians about the link between housing, homelessness and health should be implemented.
3. Innovative tax mechanisms should be explored and instituted, that would support a determinants of health approach to housing and homelessness.

4. Collaboration between the federal, provincial/territorial and municipal/regional levels of government to create some form of dedicated taxes targeted to supportive housing and related services (perhaps using the property-transfer tax in British Columbia as a model).
5. Housing and homelessness for First Nations, Métis and Inuit peoples is an issue requiring priority response. The specific or unique needs of the on reserve First Nations housing issues warrants immediate and full attention. These needs have been well documented elsewhere and include inadequate funding, and legislative gaps which preclude ownership.
6. Attention also needs to be paid to housing and homelessness among low-income children and families, seniors, and people living with a mental illness.