

ABSTRACT SESSION 15

THURSDAY 25 APRIL 10:45-12:00 ROOM 503

- The impacts of core housing needs on physical and mental health outcomes: Evidence from the Canadian Housing Survey Lawrence Agyepong
- Developing research relationships with Indigenous communities and supporting Indigenous selfdetermination through a province-wide health research network environment in British Columbia - Tara Erb
- Kisêwâtisiwin for the home: The built environment as a determinant of health for Saskatchewan Indigenous communities Wanda Martin
- Promoting health equity: Engaging communities and building neighbourhood health and wellness hubs to support place-based solutions - Zhaida Uddin

The impacts of core housing needs on physical and mental health outcomes: Evidence from the Canadian Housing Survey - *Lawrence Agyepong*

Introduction/background:

Inadequate housing is a critical social determinant of health, profoundly impacting the well-being of individuals and communities. People facing housing needs are at higher risk of homelessness and more likely to experience poor health or labor market outcomes. Numerous studies have documented that housing needs are associated with diminished overall health and other adverse outcomes. While there are earlier studies examining the impact of core housing needs, health economics literature specifically focusing on Canadian context is quite limited. Our study will fill this gap by examining the impact of core housing needs, and investigating the effects of each components of core housing needs (affordability, adequacy, and suitability) on physical and mental health.

Methods:

Our study uses 2021 Canadian Housing Survey, a dataset includes 37,379 respondents, providing information on their health outcomes, core housing needs and socio-economic and demographic characteristics. To examine the impact of core housing needs on health outcomes, discrete choice regression models are employed. We also conduct sensitivity analysis to assess endogeneity and robustness check.

Results and analysis:

The results indicate that respondents in households experiencing core housing needs have approximately 39% lower odds of reporting good physical health. Furthermore, an examination of the effects of the components of core housing need reveals that housing inadequacy and unaffordability have a statistically significant negative impact on physical health, and only housing inadequacy significantly affects mental health. Even after controlling for other control variables, housing inadequacy consistently emerges as the most influential factor affecting physical and mental health across all specifications.

Conclusions and implications for policy, practice or additional research:

The results show that people in core housing needs are more likely to have poor physical and mental health. This evidence suggests that effective policies in addressing core housing needs have potential roles for fostering improved health, mainly through initiatives for low-income households with home repairs and maintenance.

Developing research relationships with Indigenous communities and supporting Indigenous selfdetermination through a province-wide health research network environment in British Columbia, Canada - *Tara Erb*

Introduction/program need and objectives:

In Canada, the current health research funding landscape limits the self-determination of Indigenous peoples in multiple ways including institutional eligibility, priority setting, and funding application requirements. However, there have been important advancements through Indigenous-led research networks. The British Columbia Network Environment for Indigenous Health Research (BC NEIHR) is one of nine Indigenous-led networks across Canada that support research leadership among Indigenous communities, collectives, and organizations (ICCOs). This presentation shares our approach to developing research relationships with ICCOs and supporting self-determination in health research based on three years of operating the BC NEIHR.

Program methods, activities and evaluation:

From 2020 to 2023, the BC NEIHR annual evaluation reports collected data on membership experiences from surveys, interviews, monthly journalling from our Indigenous Health Research Facilitators, and detailed minutes from over 800 hours of network meetings. We conducted a critical analysis of our annual evaluation reports and data to identify emerging best practices that support the self-determination of ICCOs in health research. This included critically assessing successes, challenges, and lessons learned on how Indigenous-led research networks can support the self-determination of ICCOs and impact their Indigenous health research journey.

Program results or outcomes:

Our evaluation reports had strong indicators that our Indigenous leadership, partnerships and regionally based facilitators positively supported relationship-building, nation building and the self-determination of ICCOs within the research environment. The outcomes, such as the reclamation of language and culture in the context of ICCO-led research, will be shared.

Recommendations and implications for practice or additional research:

Through our extensive network of experienced and dedicated members and partners, the BC NEIHR supports a transformative provincial Indigenous health research agenda. Indigenous-led health research networks that support self-determination and prioritize Indigenous ways of knowing and being are crucial to both capacity-bridging of ICCOs and reconciliation efforts in Canada.

Kisêwâtisiwin for the Home: The built environment as a determinant of health for Saskatchewan Indigenous communities - *Wanda Martin*

Introduction/program need and objectives:

Sharing successes in the provision, design, maintenance, and replacement of housing for Indigenous communities can support other communities in achieving housing security goals and alleviate social, cultural, and health impacts. To be responsive to community needs and inclusive of community values, and to overcome a siloed and researcher-driven approach to solving inequities on reserves, we held a symposium bringing together different community leaders and community members with home builders and with research teams who have engaged in participatory research with Indigenous communities for many years. The Cree word $b \ b \cdot b \ O t \ \Delta^{-2}$ (ka kwayakatisowin) means inequity while $P \ \vec{A} \cdot O t \ \Delta^{-2}$ (kisêwâtisiwin) means compassion and goodness of heart. We undertook this project with a goal of embracing goodness of heart to overcome iniquity in the provision of healthy homes.

ABSTRACT SESSION 15

Program methods, activities and evaluation:

The aim of the symposium was to listen to communities to create efficiencies and capacity to address and redress the built environment. The process involved meaningful engagement between community members, homebuilders, engineers, contractors, policy influencers and makers, and researchers. We asked the question "What are the collective actions and/or shared opportunities to address and redress housing on-reserve in Saskatchewan?

Program results or outcomes:

Together we developed a framework for action to support the capacity for people working in the housing portfolio on reserve. This includes asset management, policy and governance, training and transition, and builds and procurement.

Recommendations and implications for practice or additional research:

Follow-up is required for taking action on the framework. We are completing a "Healthy Homes Compendium" that includes process to support healthy housing builds and maintenance, products, programs and training opportunities. As a living document, evaluation and updating will be essential.

Promoting Health Equity: Engaging Communities and Building Neighbourhood Health and Wellness Hubs to support Place-Based Solutions - *Zhaida Uddin*

Background:

As part of a multi partner collaborative approach, a total of 15 NHWH's were opened and offer a range of services by OPH and community partners, a direct outcome of the Community Engagement Team advocacy work, leading to equitable and convenient access where people live. An equity, diversity and inclusion lens were applied to the development, branding and promoting of the NHWH's.

Learning Objectives:

- Demonstrate how the disproportionate impacts of the COVID-19 pandemic, on racialized populations and communities facing barriers, led to the creation of a Community Engagement Team.
- Highlight achievements and key takeaways from the Neighbourhood and Wellness Hubs (NHWHs) to identify potential optimal operational models for the future.
- Apply an equity lens to the communications plan and resources to brand and promote the NHWH's.

Program results or outcomes:

A summary of findings and description of all the services offered at the NHWH's will be shared as well as uptake of the different services by the public. The program emphasizes adaptability, fosters innovation, and focuses on learning from failures for ongoing enhancement.

The program accommodates the dynamic nature of community health initiatives through flexibility, actively engaging partners and integrating their insights. It considers outcomes, processes, and contextual factors for a comprehensive understanding, and supports long-term program resilience amid changing community dynamics.

We are currently in the process of creating a developmental evaluation plan that aligns with the dynamic nature of our project.

Recommendations and implications for practice or additional research:

The evaluation will provide us with insights about whether the current services meet the community's needs and how to further improve, promote, and protect the health and well-being of all Ottawa's residents.