Opportunities for Action at the Intersection of Housing and Health

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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

McMaster University

Hamilton Housing Summit May 21, 2019
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
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
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, desireable and culturally appropriate and balance ‘dignity of risk’?
  • What would also make such a built form ready for future use, post-baby-boomers?
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