



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

**RESOURCE
SUMMARY**

Towards healthy homes for all: What the RentSafe findings mean for public health in Canada



Based on:
RentSafe. (2018). *Towards healthy homes for all: RentSafe summary and recommendations*.
Canadian Partnership for Children's Health and Environment, Ottawa.

Introduction

Health and housing are strongly correlated through a complex web of affordability, access, availability, habitability, stability and socioeconomic inequities.¹ The physical and mental health consequences of inadequate and unhealthy housing are disproportionately experienced by vulnerable and marginalized populations.² Amid calls for improved housing access and affordability, as well as an end to homelessness, Canada has released its first housing strategy, which positions housing rights as human rights. Public health has an important role to play to address housing inadequacy — including improvements to unhealthy housing conditions — as a strategy to improve population health and reduce health inequities.³

Since 2015, the Canadian Partnership for Children's Health and Environment (CPCHE) and its collaborators in the Ontario-wide RentSafe initiative have been working together to improve the intersectoral understanding of, and responses to, unhealthy housing conditions experienced by people living on low incomes. The April 2018 report *Towards healthy homes for all: RentSafe summary and recommendations*⁴ summarizes three years of baseline research and calls for changes in policy and practice, within public health and across other sectors, to better support the right to healthy housing and health equity.

The National Collaborating Centre for Determinants of Health (NCCDH) has teamed up with RentSafe's director to explore the implications of this work for public health. In this document, we highlight the initiative's equity-focused and intersectoral approach, outlining what recent research has revealed about opportunities and barriers for public health practitioners to better address unhealthy housing conditions experienced among low-income and otherwise marginalized tenants. As such, the focus is on opportunities for public health action on housing habitability within the broader array of housing, socioeconomic and health equity concerns.

This document is intended for public health practitioners of all disciplines working in leadership, policy and practice roles. It will be of particular relevance to those working in environmental health and health promotion. While the goal of this document is to reflect on how RentSafe findings and recommendations can inform public health practice, it may also be of interest to the intersectoral partners with whom public health works, including health and non-health sectors, community-based organizations, housing providers and those who have experience of living with housing-related inequities.

What is RentSafe?



RentSafe is an intersectoral initiative led by CPCHE that aims to address unhealthy housing conditions affecting tenants who live on low incomes in urban and rural communities in Ontario. The goal is to

build awareness and capacity across sectors so that tenants are able to get the supports and services they need when faced with mould, pests, lead, structural disrepair, radon and other unhealthy housing conditions. This initiative seeks to foster direct interaction, relationship-building and collaboration among public health, legal aid clinics, municipal property standards/by-law enforcement, social services, housing providers and tenants in order to create a more functional and responsive intersectoral system.

RentSafe uses a social justice lens that centres the perspectives of those whose lives are directly affected by housing-related inequities, working within a broad-based intersectoral approach to research and collaboration. This centering of tenants' lived experiences has been evident in a number of ways. Since its inception in 2015, the multisectoral [RentSafe Advisory Committee](#) has included tenants who have experienced unhealthy housing and who provide ongoing leadership and direction for the project. In addition, RentSafe meetings and events are structured to respond to tenant experiences,

including the opening session at the 2016 province-wide roundtable where tenant leaders inspired a shift in the conversation from the dispassionate term *housing* towards the vision of healthy *homes* for all. Moreover, in 2017, tenant advocates from several rural regions initiated a RentSafe Tenants Rights Advocates Network and created [testimonial videos](#) for use by intersectoral partners. These videos underscore the ways in which poverty, stigma, marginalization and unfit housing conditions interact to affect health and well-being.

RentSafe places a high priority on connecting people across sectoral, socioeconomic and cultural distances. These efforts are essential for creating a greater understanding of the upstream drivers and intersecting consequences of inadequate housing. In practical terms, this means creating spaces in which tenants and those in professional roles can work directly together to draw on their diverse knowledge to frame challenges and potential solutions to unhealthy housing. Tenant experiences have helped set the groundwork for a suite of research efforts undertaken with professional sectors, including [Ontario's 36 public health units](#) (PHUs), to better understand current capacity and approaches to prevent and respond to unfit housing conditions. Some highlights of these efforts are provided on the next page; details on methodology, partnerships and findings can be found on the RentSafe website at www.rentsafeca.ca.

Learnings so far

Overview of findings

As part of the baseline research, information was gathered from a number of sources on the issues and systems that influence how environmental conditions in housing are addressed. Overall, results confirmed insufficient coordination among service providers, weak networks across sectors and a lack of confidence in current efforts to address concerns about environmental health issues in low-income housing.

- **Focus groups with tenants** living in low-income market rental and social housing in urban and rural communities (80 participants in total) revealed reluctance among some tenants to seek support due to fear of reprisal, lack of clarity on where to turn for help and/or hopelessness that any issues would get resolved. Tenants also disclosed experiences of disrespect and stigmatization, as well as distinct challenges encountered by newcomer and off-reserve Indigenous tenants,ⁱ including racism and lack of cultural safety. Intersecting challenges, such as lack of transportation in rural areas, were also revealed. Some focus group participants highlighted the positive role that trusted service providers (e.g., case workers) can play in helping tenants navigate the system, and the empowering effect of self-advocacy.
- **A PHU survey** of environmental public health staff showed variation in how PHUs understand the extent of their mandate to address unhealthy housing conditions. For example, some PHUs conduct on-site investigations, while others provide over-the-phone consultation or referrals for specific housing-related concerns. There was also variation in the degree to which PHUs prioritized the health equity implications of housing for marginalized populations. In addition, the survey revealed challenges such as insufficient staff capacity, expertise and/or knowledge; confounding factors such as tenants' mental health concerns (both pre-existing and compounded by unfit housing conditions); and uneven confidence that referrals would be addressed.
- **A survey of legal aid clinics** uncovered a lack of confidence that intersectoral referrals would be effective and that Landlord and Tenant Board orders for unit repair would be enforced. Confounding factors, such as landlord-tenant conflicts and tenants experiencing mental illness, were cited as important challenges. Fear of being evicted, needing to move or needing to pay higher rent were identified as key barriers to tenants seeking support and remediation. Legal aid clinic respondents also cited challenges with finding and paying for experts and getting PHUs involved in addressing issues. The majority of respondents felt that better enforcement of property standards and provincial laws is needed.

ⁱ RentSafe research to date has not addressed housing habitability concerns affecting Indigenous peoples living on-reserve.

- **A survey of front-line workers and direct service providers** (such as social workers, public health nurses and housing support staff) revealed challenges including lack of training, time and budget to support clients grappling with unhealthy housing conditions, as well as a need for greater clarity regarding available resources and how to make effective referrals. The majority of respondents felt that unhealthy housing conditions adversely affect their clients' health and well-being. Most felt that front-line workers have a role to play in supporting tenants who are seeking resolution of unhealthy housing conditions; few, however, felt well equipped to do so.
- **Focus groups** conducted by the Grey Bruce Health Unit (GBHU) **among municipal enforcement officers and public health inspectors** identified overlaps in the types of inquiries and complaints received by municipal departments and PHUs. Participants also disclosed a need for greater coordination of their respective

resources and expertise. The groups uncovered questions about the application of legislation, significant resource constraints and a lack of consistency across small municipalities in rural areas. Building on this local work, results of a **province-wide survey of property standards and municipal by-law enforcement officers** are expected in early 2019.

- A **survey of small-scale landlords** (defined as those with nine or fewer units) revealed key constraints on respondents' capacity to ensure healthy housing conditions, such as tenant behaviours that contribute to unhealthy conditions or impede timely repairs, insufficient information on appropriate remediation and lack of financial resources. The majority felt that better advisory services from relevant agencies (e.g., municipal by-law, public health), among additional measures to address costs and other factors, would be beneficial.

An initial review of relevant legal provisions, including Ontario's residential tenancy and health protection laws, as well as property standards and by-laws, is under way with anticipated completion in late 2018. Initial observations point to a high degree of complexity and lack of consistency and integration across multiple legal provisions, and an approach that is inherently reactionary rather than being preventative or precautionary.

How public health has been involved

RentSafe benefits from the active involvement of public health practitioners and leaders, both in terms of the ideas and approaches that are used in the research and in the dissemination and uptake of key findings. For example, the innovative work of the GBHU on unhealthy housing conditions has been a valuable source of on-the-ground experience that has informed the province-wide research described above. The GBHU is working with the [Bruce Grey Poverty Task Force](#) and its [Community Voices](#) committee of peer advocates to address housing habitability concerns as they intersect with economic and social marginalization in the region. Intersectoral engagement led by the GBHU, such as focus groups with landlords, tenants and inspectors, has complemented the provincial-level research and highlighted the unique challenges of rural communities.

The GBHU is further demonstrating its commitment to intersectoral approaches and support for healthy rental housing conditions for marginalized populations through involvement in participatory action research in Owen Sound, Ontario, led by the [Centre for Environmental Health Equity \(CEHE\)](#) at Queen's University (see text box on page 7). The GBHU's active contributions to RentSafe have been paralleled by those of other health units in Ontario, including [York Region](#) and [Toronto Public Health](#).

Public health practitioners are leading by example in their efforts to mobilize the knowledge and findings. RentSafe learnings have been shared with regulated professional bodies and at conferences to encourage critical and reflexive thinking on best practices — within public health and intersectorally — to address unhealthy housing conditions affecting low-income and marginalized communities. In the policy realm, leadership from the [Ontario Public Health Association \(OPHA\) Environmental Health Workgroup](#) facilitated the use of learnings to inform stronger housing habitability provisions in the [Healthy Environments and Climate Change Guideline](#) of the newly revised [Ontario Public Health Standards](#) (OPHS).⁵

RentSafe has also supported public health practitioners to think and act in new ways. For example, after attending the multistakeholder roundtable and hearing first-hand how unhealthy housing conditions affect peoples' lives, one front-line public health official initiated relationships with local tenant advocacy groups as a way to better inform their department's work on housing and health. Others have started to look at ways to support the strengthening of municipal by-laws, as well as gathering and publishing data on housing quality concerns.

RentSafe Equip: Participatory action research for equity-focused intersectoral practice (Equip) on housing habitability and health equity in Owen Sound, Ontario

RentSafe team members and tenant advocates are collaborating on a participatory action research project, linked to the province-wide initiative, that involves public health and other intersectoral actors in Owen Sound, Ontario. The research, funded by the [Canadian Institutes for Health Research](#) (CIHR), is an opportunity to dig into intersectoral and knowledge practices on a local level, drawing upon the lessons learned from the province-wide work. Specifically, RentSafe is exploring the impact of Equity-focused Intersectoral Practice (Equip),⁶ a framework in which public health and other professionals are encouraged to prepare themselves for equity-focused intersectoral work by critically examining with whom they are working and how. Tenant advocates who have lived experience of inadequate housing are serving as co-researchers in convening a series of learning exchanges with diverse, intersectoral actors, followed by an immersive intersectoral retreat.

These activities are designed to disrupt existing ways of thinking about housing habitability concerns in order to stimulate upstream and critical thinking about changes in policy and practice that may be needed to create a more responsive and effective intersectoral system. By applying intersectoral and equity-focused approaches to a localized context, the research will offer insights into the why and how of working intersectorally on housing conditions as an environmental public health issue that intersects with broader social justice concerns. The initiative also promises to shed light on the potential value of community-based participatory research as an impactful means to advance intersectoral action towards health equity at the community level.

CEHE, as a RentSafe partner, is leading the research in collaboration with tenant advocate co-researchers, the GBHU, the [M'Wikwedong Indigenous Friendship Centre](#) (the local friendship centre), the Bruce Grey Poverty Task Force, the NCCDH and others.



What the findings tell us about opportunities for public health action

Although 75 percent of respondents to the provincial survey of Ontario PHUs agreed that housing conditions have a negative impact on the health of marginalized populations, fewer than 50 percent agreed that housing is a priority action area for their health unit. In addition, less than half of Ontario PHUs surveyed reported having policies, procedures and/or protocols that address substandard housing issues in a manner that is responsive to the needs of marginalized populations. This reality indicates that, in the absence of a provincial directive for specific public health action on housing, the extent to which housing habitability concerns are addressed can vary across health regions depending on PHUs' individual priorities and capacities. It also underscores the need to strengthen public health capacity and approaches, including provincial directives (or guidance), best practices and cross-agency collaborations, to better support the right to healthy housing for all.

Full recommendations for policy and practice stemming from the findings of the provincial RentSafe project are presented in the report *Towards healthy homes for all: RentSafe summary and recommendations*.⁴ Outlined on the next page are specific actions and approaches drawn from that work that are most applicable to public health practice.

Actions and approaches for public health practice

Convene intersectoral partners to address housing-related issues

- Bring together tenant advocates, private landlords, social housing providers, social service agencies and municipal officers to discuss and address issues related to healthy and affordable housing such as repair and maintenance, rental rates and skills to address challenges related to mental health and/or addictions.
- Facilitate the coordination of services and referrals through regular intersectoral meetings and other convenings.
- Gather, record and share perspectives on sector capabilities and challenges to support healthy rental housing conditions; consider using the [RentSafe Connector](#) online tool to support such efforts.
- Develop referral maps to guide organizations and individuals when navigating the system of supports relevant to housing.
- Engage with other provinces and public health practitioners to learn about what is working in other jurisdictions.

Influence housing issues through non-health channels

- Review current property standards with a health equity perspective to ensure robust inclusion of multiple indoor environmental health concerns.
- Advocate to strengthen relevant legislation and/or local property standards by-laws to ensure the right to healthy housing conditions, with health defined broadly to include physical and mental health.
- Partner with municipalities and housing authorities to explore ways that issues related to housing can be addressed within the scope of public health practice across disciplines and levels of the system.

Gather and communicate data to demonstrate housing need

- Collect, monitor and report on indicators of housing accessibility, availability, affordability and habitability through population health status reporting; ensure that habitability indicators go beyond the current census measure of being “in need of major repair” to include specific environmental health parameters such as prevalence of mould, pests, structural disrepair, poor air quality and inadequate ventilation.
- Use participatory action research methods to co-develop community-level data on experiences with housing accessibility, availability, affordability and habitability.

Define public health roles

- Position healthy housing as a core component of strategic and operational plans, program development and professional development standards.
- In collaboration with legal and municipal partners, offer training for public health and other sectors — including health and social services, fire and police services, and others working in direct service capacities — on how to recognize unhealthy housing, advocate for resolution of client issues, identify marginalized populations at risk and understand both housing regulations and tenant/landlord rights and responsibilities.
- Contribute to the development of skills and competencies for public health and other service providers to act as champions for healthy housing as a human right.

Support democratic action and community advocacy

- Create spaces and venues in which community members can make their experiences, concerns and ideas for change heard by practitioners and decision-makers.
- Provide training and support for community/peer advocates who are interested in building their capacity to identify and respond to unhealthy housing conditions.
- Facilitate outreach and education for tenants and landlords about their rights and responsibilities, as well as where and how to access services and supports.

Lessons along the way

Provincial- and community-level RentSafe work has shown that sectors vary in their perception of housing habitability issues and their respective roles in addressing such concerns. Insufficient intersectoral connections can inhibit effective referrals and may worsen the level of disconnect and ambiguity in legal processes. In addition to the research findings outlined in this document, which provide an important diagnostic view of the intersectoral system, two other key learnings stand out as they relate to integrating health equity and social justice into public health approaches.

Intersectoral work is powered by human relationships. Arriving at a shared understanding of a complex health equity concern such as housing inadequacy requires taking the time to understand and appreciate that people have diverse points of view that may be influenced by lived experience, professional training, worldviews, and political and historical factors (e.g., impacts of colonialism). Taking the time to develop respectful and trusting relationships across sectoral and sociocultural distances is essential to understand where the system is falling short and how it can be improved. The work has shown that one of the keys to motivating commitment is to help practitioners think beyond the limits of their job descriptions and leverage their professional capacities to support the right of all members of the community to live in safe and healthy homes. Practically speaking, people who know each other are also better equipped to provide effective referrals and intersectoral supports.

Creating intersectoral spaces in which professionals work alongside community members supports everyone's dual roles as both teachers and learners. The grounded expertise of community members, whose lives are directly affected by the issues at hand, can offer a roadmap for public health practitioners and other professionals to examine their institutional biases and barriers.⁶ Public health is well positioned to play an important role in creating such spaces, given its recognized position as a convener of intersectoral processes and through its professional competencies rooted in principles of equity, inclusivity and empowerment.

A path forward

The research highlighted here encourages practitioners at all levels to find opportunities within their current scope and roles to address housing as a contributor to health equity. Facilitating and leading intersectoral approaches to address unhealthy housing conditions experienced by people living on low incomes is one of these opportunities.

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Contact Information

National Collaborating Centre
for Determinants of Health
St. Francis Xavier University
Antigonish, NS B2G 2W5
tel: (902) 867-6133
fax: (902) 867-6130
nccdh@stfx.ca www.nccdh.ca
Twitter: @NCCDH_CCNDS

This report was co-authored by Erica Phipps (Executive Director, Canadian Partnership for Children's Health and Environment, and Doctoral Candidate, Centre for Environmental Health Equity, Queen's University) and Dianne Oickle (Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health).

The report was reviewed by Heejune Chang (Medical Officer of Health, Winnipeg Regional Health Authority), Rabindra Mahabeer (Environmental Health Officer and Executive Officer, Environmental Public Health, Alberta Health Services) and Helen Doyle (Chair, Ontario Public Health Association, Environmental Health Workgroup).

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