National Collaborating Centre for Determinants of Health
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OPHA
Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
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RentSafe

canadian partnership for
children's
health & environment
partenariat canadien pour la sante
des enfants
et l'environnement

Toward a safe and healthy place to call home:

Summary of results and implications from a survey of public health practices on healthy rental housing in Ontario

National Collaborating Centre
for Determinants of Health

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Land acknowledgements

CPCHE acknowledges that our work takes place on Indigenous traditional territories that stretch from coast to coast to coast across Turtle Island. As organizations and individuals dedicated to environmental health, we are deeply grateful to Indigenous Peoples for their ongoing stewardship of these lands since time immemorial. We recognize that we are on a journey of reconciliation and are committed to listening, learning and working to decolonize our collaborative efforts towards the goal of healthy and sustainable environments for all children.

The NCCDH is hosted by St. Francis Xavier University. We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaw People.

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RentSafe is an initiative of CPCHE that aims to address unhealthy housing conditions affecting tenants living on low income in both urban and rural communities in Ontario. Learn more at RentSafe.ca.

NCCDH is a national organization that works to provide the Canadian public health community with knowledge and resources to take action on the structural and social determinants of health, and move knowledge into action — in practice, in policy and in decision-making — to achieve societal improvements that result in health for all.

OPHA is a non-partisan, non-profit organization that brings together a broad spectrum of groups and individuals from various backgrounds and sectors to provide leadership on issues affecting the public's health and strengthen the impact of people who are active in public and community health throughout Ontario. OPHA is a long-standing CPCHE and RentSafe partner.

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1.0 Introduction

A healthy home provides the foundation for health and well-being.[1] Housing is a basic need and a determinant of health,[2] and it is now recognized as a human right in Canada.[3] Yet, for many people, the inadequate safety, security and quality of their housing jeopardizes their health and well-being.[4]

Renters with low incomes disproportionately experience a cumulative burden of health inequities due to poor housing conditions and lack of housing availability and affordability.[5–7] Previous RentSafe research on the views and experiences of tenants and multiple professional sectors in Ontario, including public health, highlighted the widespread extent of **housing habitability concerns** (also referred to as inadequate and unhealthy conditions) in rental housing and barriers to addressing these concerns (i.e., insufficient resources, intersectoral connections and capacity for follow-up).[5]

Healthy housing is affordable[a], stable, in good condition, located in safe neighbourhoods and free from environmental health hazards.[6,7] Despite the direct link between healthy housing and population health, there is a dearth of research and analysis on practices undertaken by public health organizations and authorities to promote and ensure healthy conditions in rental housing.

To address this gap, RentSafe, an initiative of the Canadian Partnership for Children's Health and Environment (CPCHE), and the Ontario Public Health Association (OPHA), a CPCHE partner organization, conducted a survey of public health units (PHUs) in Ontario in the winter of 2023–2024 to assess relevant public health practices. This document draws on the survey findings to highlight ways in which the public health community is promoting healthy housing by working with other relevant sectors, including tenants, housing providers, municipal services (i.e., by-law and property standards enforcement), legal aid and social services. Our analysis identifies public health roles, opportunities, actions and promising practices to address inadequate and unhealthy housing conditions as a determinant of health and key driver of health inequity.

This resource is intended to support public health practitioners, policymakers and actors from other sectors to take action on housing through intersectoral collaboration and equity-focused approaches. It highlights key concepts related to the impact of housing conditions on health and examples of promising practices by PHUs in Ontario. It is best used as a companion to the 2025 report with full survey results titled _Public health action on rental housing and health equity in Ontario: Results of the RentSafe-OPHA public health survey_[8] and the 2018 report from RentSafe and the National Collaborating Centre for Determinants of Health _Towards healthy homes for all: What the RentSafe findings mean for public health in Canada_.[9]

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a   Throughout this document, affordability refers to a rights and income-based definition, where housing is affordable when no more than 30% of the household's before-tax income goes toward housing costs. Given increased housing costs paired with lower incomes significantly lagging behind inflation, affordability of housing must account for households' income relative to the costs of rent and utilities. Such affordable housing is generally dependent upon government subsidies that decrease housing costs and/or support rent geared to income. For more, refer to Appendix A – Key terms and concepts.

2.0 Background

RentSafe aims to address unhealthy housing conditions affecting tenants living on low income in both urban and rural communities in Ontario. With active involvement of public health and other partners from multiple sectors, RentSafe works to build awareness and capacity across sectors so that tenants, when faced with unhealthy housing conditions, are better able to get the support they need. Ultimately, this supports the right to healthy homes for all.

To better understand how public health organizations, authorities and practitioners are involved in addressing unhealthy rental housing conditions, RentSafe and OPHA administered a survey to Ontario PHUs in the winter of 2023–2024. The focus of this survey was to collect a comprehensive picture of current practices, opportunities and barriers for public health authorities and practitioners to address unhealthy rental housing conditions.[b] In particular, the survey focused on identifying examples of intersectoral collaboration and equity-focused approaches that include grounded expertise (experiences and perspectives of people with lived and living experience of housing-related inequities).[10]

The survey was completed by 41 respondents from 29 of the 34 PHUs (85%) in Ontario[c] representing a variety of populations and regions, with staff working in a breadth of programs and roles across PHUs. Some health units submitted multiple or collaborative (i.e., from more than one team member) responses; these responses were analyzed and combined to provide a singular result for each PHU. Within this text, we use the terms "respondents from PHUs," "respondents" and "PHUs" interchangeably to indicate the proportion of responses among the 29 individual PHUs represented in survey results.

The survey sought to understand public health practices related to:

- general approaches to addressing housing habitability concerns,
- engagement of grounded expertise (people with lived and living experience of housing inequities),
- intersectoral collaboration,
- person-centred service orientation,
- responses to hoarding,
- data collection, and
- policy and advocacy.

By generating a snapshot of current practices and approaches, this report is intended to inform and catalyze preventive and proactive responses to housing inadequacy and habitability concerns across public health and other sectors in the housing system.

A summary of the survey results and actions aligning with public health roles is provided in Section 6.0 of this report. More detailed reporting on the survey process and findings is available in the full report titled *Public health action on rental housing and health equity in Ontario: Results of the RentSafe-OPHA public health survey*.[8]

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b   All types of housing affect people's physical and mental health and well-being. Rental housing is particularly relevant to health equity given that renters are more often living in a unit that falls below one or more housing standards of affordability, adequacy and suitability. Renters also disproportionately experience a cumulative burden of health inequities due to poor housing conditions in a context of highly limited housing availability and affordability, and interactions within broader structural and systemic determinants of health.

c   There were 34 PHUs at the time the survey was conducted, prior to the merger of some PHU jurisdictions as of January 1, 2025. For more information, see https://www.alphaweb.org/page/PHU.

3.0 Housing conditions are a determinant of health

"The provision of a home is a prerequisite to health, though it is insufficient on its own."[6(p2)]

Maintaining and improving the quality of existing rental housing is essential to support the health and well-being of tenants. However, it is an often-overlooked aspect of addressing the housing and homelessness crisis. Housing determines health through several key areas including affordability; conditions (quality, living conditions); residential stability; housing tenure; and characteristics of area and place (e.g., neighbourhood characteristics).[6,11]

In 2021, 20% of all renters in Canada (over 943,000 households) lived in a unit below one or more housing standards of adequacy, suitability and/or affordability, and could not afford other housing in their community that met these standards (i.e., they were in core housing need). Further, renters with low incomes were more likely to live in inadequate housing in need of major repairs and lacked affordable local alternatives.[12]

Unfit conditions in housing directly and negatively affect people's physical and mental health and well-being. Multiple chronic diseases and acute effects — including asthma, respiratory conditions, allergies, chemical sensitivities and cardiovascular disease — can be caused or exacerbated by poverty, stress and living in unhealthy conditions.[1,4,7]

3.1 Unhealthy housing and the housing crisis

The widespread issue of unhealthy rental housing conditions is interconnected with other aspects of a housing crisis affecting communities across Canada, notably record-breaking shortages of rental housing coupled with record-high average rental price increases.

Renters with low incomes are most at risk of encountering, and continuing to experience, unsafe or unhealthy housing conditions for a number of reasons,[13] including lack of affordable housing options that are healthy and well maintained, and lacking power to address housing quality issues with landlords and service providers.[7] These factors, in addition to unhealthy and unsafe housing conditions, such as mould, pests, and water and sewage leaks, lead to widespread disruption, housing insecurity, becoming unhoused, living in shelters or couch surfing.[14–16] Many tenants also experience stigma, fear and frustrations when trying to get problems resolved.[5]

Rental housing stock is aging, in decline, in need of repairs and increasingly unaffordable.[6,13,17-19] This has come about as a result of policy decisions and intersecting factors, discussed in detail in the *RentSafe Factsheet: Unhealthy housing and the housing crisis*[20] and highlighted here:

- Governments have reduced investments to incentivize, maintain and build affordable rental housing.[21]
- Affordable rental housing is being lost faster than new affordable rental housing is being built.[22,23]
- Increasing financialization of housing has increased costs for tenants and reduced housing quality.[24,25]
- Deregulation of rent control and introduction of vacancy decontrol incentivize landlords to evict tenants who pay low rents and increase rent for the next residents.[15,25]
- Climate change is increasing the health risks associated with older, poorly maintained housing and contributing to the deterioration of housing.[26-29]
- Maintenance and housing standards are poorly defined.[5]
- Reactive, complaints-based systems put the onus on tenants to identify and advocate for the remediation of unhealthy conditions.[5,30]

Against this backdrop, preserving and ensuring the adequate maintenance and healthy conditions of existing rental housing is a key strategy to address multiple aspects of the housing crisis in Canada, contributing to an adequate and affordable housing supply and safe, healthy homes for all.

3.2 Thinking critically: unhealthy housing as a driver of health (in)equity

"Given that the origins of housing disparities are rooted in unjust actions and inequitable neglect by policymakers, effectively targeted solutions to preventing and alleviating housing disparities must occur at the policy level and should include comprehensive solutions to correct past injustices."[6(p9)]

Unhealthy and unfit conditions of low-income rental housing are a public health and equity issue that intersects with structural and social determinants of health. Populations who are disproportionately exposed to the risks of housing-related health inequities include Indigenous Peoples,[29,31-33] racialized tenants,[24,34-38] children and youth,[1] renters with low incomes,[1,4-6,24,39] those experiencing environmental injustice,[4,40-43] and those with a disproportionate risk of negative outcomes associated with climate change.[26,27,29,44-47]

Details about the impact of inadequate housing conditions on the health of these groups are explored in *RentSafe Factsheet: Housing as a driver of health (in)equity.*[48]

In order to be effective, interventions on housing and health equity must consider the root causes of housing inequities, seek to prevent unhealthy conditions, and meaningfully engage affected populations to ensure responses to habitability concerns are appropriate and culturally safe.[49] Because housing conditions are shaped by social, economic, historical, racial, colonial, physical and natural factors that impact health outcomes, targeted efforts are needed to eliminate racism, stigma, colonialism and gender inequity, and to correct exclusionary policies rooted in historical and current-day discrimination.[50]

4.0 Healthy housing requires intersectoral action

"Paramount to achieving health equity is recognizing housing as an important source of health and well-being, not just among [partners] in public health, but also in the multi-sectorial fields that intersect with housing."[6(p9)]

Housing and health is a multifaceted issue[7] necessitating an approach that brings together actors from within and outside of formal housing and health sectors to identify, prioritize, plan and act on the multiple and complex factors.[51]

Determining who should be present at intersectoral tables to address housing conditions depends on the context and requires flexibility. Put simply, anyone with relevant knowledge, insights and capacity across diverse sectors, with whom public health has (or can develop) relationships, represents a potential partner. Examples include public health, health care, tenants, housing providers, social services, community organizations, government and related advocacy groups. Appendix B offers an overview of potential partners to be considered in any intersectoral work to address housing conditions.

Central to any intersectoral efforts to address key areas of healthy housing (as outlined in Section 3.0) is the presence and leadership of tenants. Positioning people who live in unhealthy housing conditions as experts — herein referred to as

"people with grounded expertise" — is an asset-based approach that recognizes their contribution to identifying solutions rather than viewing them as victims or people in need.[52] Advocacy coalitions and partnerships that include community members together with organizations can leverage combined knowledge, expertise, resources and program delivery through shared accountability and embedding grounded expertise and scientific evidence into policy development.[52]

Collaboration rooted in authentic relationships and partnership among service providers and community members supports (re)conceptualizing the issues related to healthy housing to better reflect systemic drivers of inequity, and sparks individual and collective action and commitment toward a more equity-focused intersectoral system.[53] Intersectoral policy and advocacy networks are most effective when built on common priority issues; shared understanding of housing issues (i.e., root causes, extent and impact); and mutually agreed upon approaches to address the issues.[52]

5.0 Public health role in healthy housing

"Improved housing conditions can save lives, reduce disease, increase quality of life, reduce poverty, help mitigate climate change and contribute to the achievement of a number of Sustainable Development Goals.... Housing is therefore a major entry point for intersectoral public health programmes and primary prevention."[54(pvii)]

The role of public health is multifaceted and tightly woven with action on the structural factors[55] that determine if people have access to "a safe and secure place to call home."[2(p6)] Unhealthy housing conditions impact numerous health outcomes and risk factors (e.g., acute and chronic diseases, infectious and non-communicable diseases, mental health and well-being, risk of injury)[54] that are clearly defined public health priorities, representing a critical public health domain and entry point for health promotion and disease prevention.

Local, provincial, territorial and national governments and agencies all play a role in shaping public health action by establishing standards and guidelines to support clarity and consistency.[56] Many provincial public health mandates outline priority areas that align with action on healthy housing, such as:

- collaborate with community partners on strategies to reduce exposure to health hazards,
- engage in intersectoral collaborations to reduce health inequities,

- engage people who have been denied equity meaningfully in the planning of public health interventions,
- engage municipalities in policy development related to housing conditions, and
- inspect and investigate health hazards in facilities as per health hazard response protocol.[57]

Public health is well positioned to convene partners and foster intersectoral action and advocacy for healthy housing.[57,58] In addition, public health may also fund relevant programs that support healthy housing; conduct or support research; engage in intersectoral collaboration within their jurisdictions; and play a role in guiding all sectors through data provision and reporting, training, and policy advocacy.[58,59]

FIGURE 1: Addressing unhealthy housing and health inequities across public health core functions

Current Essential Public Health Functions	Building Blocks of the Public Health System		Public Health Action
	FOUNDATIONAL	**PROCESS/TOOLS**	
Health promotion	Governance, leadership and engagement	Evidence, knowledge and information	» Implement a range of interventions to address unhealthy housing conditions, including interventions aimed at upstream drivers of health inequities that contribute to unhealthy housing
Health surveillance			» Prioritize community expertise and engagement for equitable and effective action to advance healthy housing for all
Health protection	Financing	Policy and program interventions	» Advance knowledge to understand and respond to the population health and health equity impacts of unhealthy housing
Population health assessment			» Collaborate across sectors for transformative action towards healthy housing for all
Disease and injury prevention	Workforce expertise and human resource capacity	Medical and digital health technology	» Strengthen public health leadership for action on unhealthy housing and public health building blocks for safe, healthy housing for all
Emergency prediction, preparedness and response			

Adapted with permission from Public Health Agency of Canada.[60]

5.1 Action across public health core functions to address unhealthy housing

As shown in Figure 1, core functions of public health, and the building blocks of the public health system, provide the basis for action to advance healthy housing at a system level.

Public health works across core functions (health promotion; health surveillance; health protection; population health assessment; disease and injury prevention; and emergency prediction, preparedness and response). It is essential for strategies and actions on healthy housing to be interconnected both within and across these functions in order to support comprehensive and sustainable action on healthy housing.

Foundational elements that support public health system capacity to address healthy housing include governance, financing, dedicated expertise, strong evidence, policy development and technology, resulting in a range of public health interventions necessary to address healthy housing.

Public health action on healthy housing includes strategies that address immediate health challenges as well as prevent future health risks. This includes interventions to address the systemic drivers of health inequities, prioritize community evidence (grounded expertise) and engagement, mobilize knowledge about the health impacts of unhealthy housing, collaborate across sectors, and strengthen public health leadership.

5.2 Advancing public health roles and opportunities to promote healthy housing
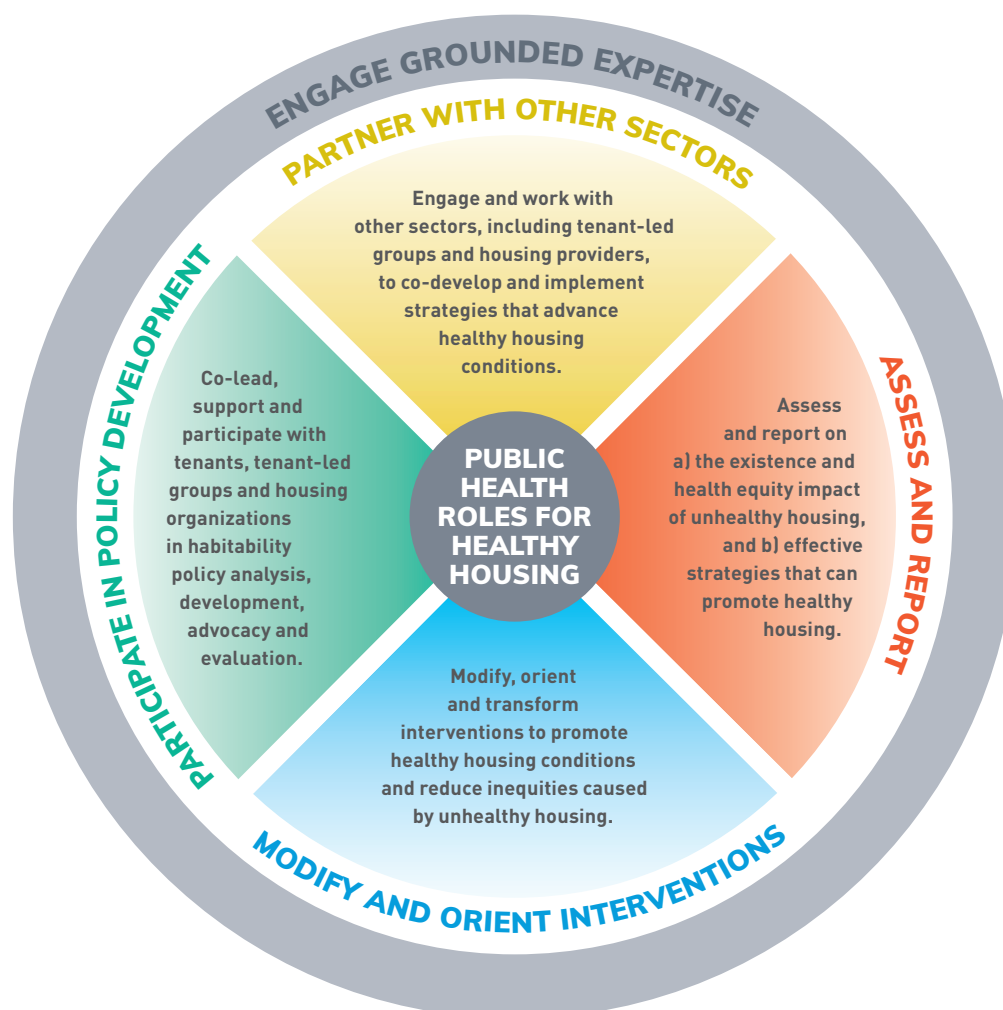
Figure 2 outlines specific roles and practical actions, derived from literature and survey responses, for public health to advance healthy housing as a determinant of health and key driver of health equity.

The figure is based on the well-established NCCDH framework of public health roles for improving health equity — partner with other sectors, assess and report, modify and orient interventions, participate in policy development[61] — applied to action on healthy housing. The outer grey circle emphasizes the importance of engaging grounded expertise at every step of any initiative to advance healthy housing conditions.

Section 6.0 presents results of the PHU survey alongside recommended actions for each of these roles, providing a comprehensive, structured approach to advance healthy housing as a determinant of health.

FIGURE 2: Public health roles for advancing healthy housing as a determinant of health

ENGAGE GROUNDED EXPERTISE

PARTNER WITH OTHER SECTORS

Engage and work with other sectors, including tenant-led groups and housing providers, to co-develop and implement strategies that advance healthy housing conditions.

PARTICIPATE IN POLICY DEVELOPMENT

Co-lead, support and participate with tenants, tenant-led groups and housing organizations in habitability policy analysis, development, advocacy and evaluation.

PUBLIC HEALTH ROLES FOR HEALTHY HOUSING

ASSESS AND REPORT

Assess and report on a) the existence and health equity impact of unhealthy housing, and b) effective strategies that can promote healthy housing.

Modify, orient and transform interventions to promote healthy housing conditions and reduce inequities caused by unhealthy housing.

MODIFY AND ORIENT INTERVENTIONS

HEALTHY HOUSING FOR INDIGENOUS PEOPLE

Though this survey did not inquire specifically about opportunities for public health action related to promoting healthy housing for Indigenous Peoples, we recognize and affirm the rights of Indigenous governments, communities and organizations to achieve healthy housing and self-determination over housing, as called for in the United Nations Declaration on the Rights of Indigenous Peoples,[62] the National Inquiry into Missing and Murdered Indigenous Women and Girls report,[63] and the Truth and Reconciliation Commission of Canada's calls to action.[64]

Across all public health roles outlined here is the cross-cutting opportunity to learn about and promote First Nations, Inuit and Métis Peoples' right to self-determination, housing and a healthy environment, and to better align action with efforts toward reconciliation.

6.0 Summary of key survey findings and recommended actions for public health to promote healthy housing

This section integrates results from the survey of Ontario PHUs with recommended public health actions, organized by public health roles for advancing healthy housing as a determinant of health (as shown in Figure 2). It begins with an overview of survey responses on unhealthy housing conditions in Ontario. Next, Sections 6.2–6.6 consolidate for each public health role: emerging survey themes identifying current practices and priorities, representative quotes from respondents, and recommendations from the survey results and literature for practical public health action on healthy housing, including gaps and opportunities for improvement. Examples of promising practices — Bright Spots — are also included.

For details on survey methodology and full results, refer to RentSafe's report *Public health action on rental housing and health equity in Ontario: Results of the RentSafe-OPHA public health survey*.[8]
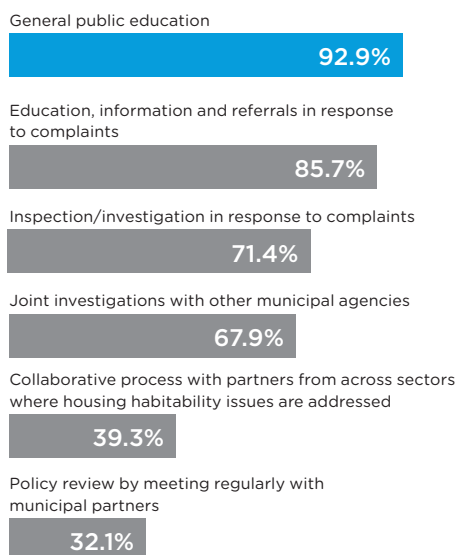
6.1 General highlights

Overall, housing was identified as a complex and systemic issue that requires upstream interventions and collaboration across sectors, organizations and public health departments. Survey results show that habitability concerns come up routinely. And while it is clear that some PHUs engage in practices that address unhealthy rental housing conditions, survey results suggest that action is not consistent nor widespread.

Respondents from 57% of PHUs indicated that responses by their organization to unhealthy housing conditions are adequate. Results also indicated fairly low engagement in collaborative processes where unhealthy housing conditions are addressed (39.3%) and in policy review with municipal partners (32.1%).
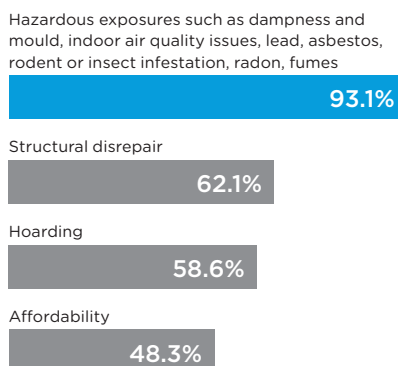
Figure 3 highlights survey results on the types of habitability concerns that arise and the approaches used to respond to unhealthy rental housing conditions in Ontario.

FIGURE 3: Public health unit (PHU) survey responses on unhealthy rental housing conditions in Ontario
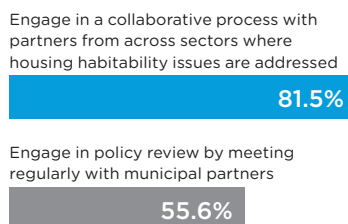
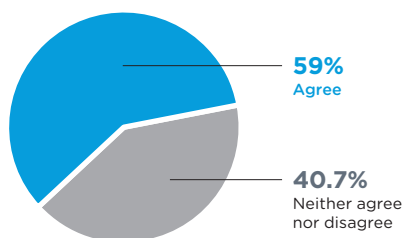## Specific ways that PHUs currently address unhealthy housing

General public education
92.9%

Education, information and referrals in response to complaints
85.7%

Inspection/investigation in response to complaints
71.4%

Joint investigations with other municipal agencies
67.9%

Collaborative process with partners from across sectors where housing habitability issues are addressed
39.3%

Policy review by meeting regularly with municipal partners
32.1%

Most frequent habitability concerns that come up routinely in the work of PHUs

Hazardous exposures such as dampness and mould, indoor air quality issues, lead, asbestos, rodent or insect infestation, radon, fumes
93.1%

Structural disrepair
62.1%

Hoarding
58.6%

Affordability
48.3%

Recommended approaches (not currently in place in some PHUs) to address unhealthy housing

Engage in a collaborative process with partners from across sectors where housing habitability issues are addressed
81.5%

Engage in policy review by meeting regularly with municipal partners
55.6%

Responding to substandard housing is a priority for PHUs

59% Agree

40.7% Neither agree nor disagree

PHUs adequately respond to residents experiencing substandard housing issues in rental housing

57% Agree

7.1% Disagree

35.7% Neither agree nor disagree
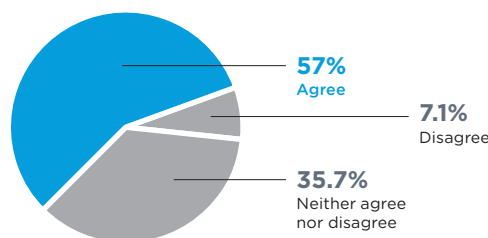
PHUs have a role to play to convene partners across sectors to address housing habitability concerns as a driver of health inequity

82% Agree

17.9% Neither agree nor disagree
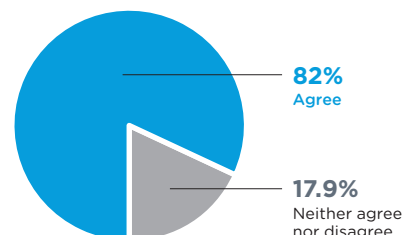
PHUs have policies/procedures/protocols that address substandard housing issues in response to the needs of populations of focus

42.9% Neither agree nor disagree

14.7% Disagree

7.1% Strongly agree

35.7% Agree
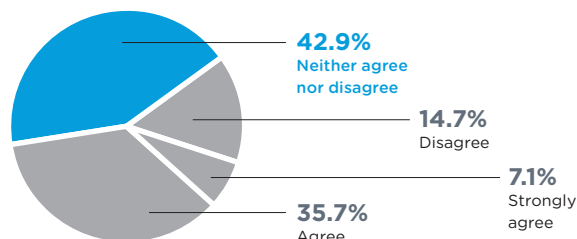
6.2 Engage grounded expertise

"The process ... for engaging people with grounded expertise needs to be well thought out so that it isn't tokenistic. Grounded expertise needs to be embedded and considered along with other sources of evidence and data."

Survey respondent

While most respondents indicated that it is very important to include people with grounded expertise to address health equity goals (73.1%), only 22.2% reported doing this routinely versus occasionally (44.4%) or rarely (18.5%).

Respondents from 65.6% of PHUs that do engage people with grounded expertise indicated this is done indirectly by partnering with community organizations that work with local residents. Among the PHUs that engage people with grounded expertise directly, nearly half (45.0%) did not know which, if any, best practices are used to support their involvement (e.g., accessible language in communications, honoraria, reimbursement for transportation or childcare, providing food).

The most frequently cited barrier to engaging people with grounded expertise is lack of capacity (65.2%). Other barriers include no support or guidance from the provincial government; limited budgets, resources and staff; and competing priorities. To overcome these barriers and improve engagement practices, respondents identified a need for educational tools and resources (91.7%) and training (83.3%). One survey respondent noted that the largest barrier is not the engagement itself but what comes after because they are unable to help secure housing for the people they have engaged in their work.

ACTIONS FOR PUBLIC HEALTH – ENGAGE GROUNDED EXPERTISE

Integrate grounded expertise (knowledge, insights, perspectives, skills and leadership) from people with lived and living experience of housing inadequacy across all strategies to advance healthy housing. Develop an engagement strategy to build and maintain deep relationships with community members who have grounded expertise.

- Listen to and learn from tenants to co-develop and advance common priorities for healthy housing.
- Collaborate with organizations that already engage with tenants on housing or other issues, tapping into existing networks and relationships.
- Ensure engagement strategies include residents and organizations with diverse identities and experiences, including Indigenous people, tenants who are racialized and tenants who have disabilities.
- Draw on promising practices and guidance developed by people with lived experience of intersecting and related issues, including Indigenous people,[65] homelessness,[66] disability rights,[67] health care,[68] substance use[69] and gender-based violence.[70]
- Support leadership development and capacity of tenants, housing providers and front-line workers to share their experience and knowledge, navigate collaborative spaces with service providers and decision-makers, and effectively engage in system change processes.
- Host a learning event or intersectoral planning forum where community members can lead the agenda, facilitation and dialogue to share their experiences, concerns, ideas for change and priorities with practitioners and decision-makers.[9]

HOW TO GET STARTED

Engage and learn from community partners and share your public health mission and projects. Engage directly through quick, meaningful and simple activities (e.g., short surveys, photovoice) that support increasing engagement. Seek funding or reallocate budget to support the participation of residents (e.g., food, childcare, transportation, honoraria).

BRIGHT SPOT ON ENGAGING PEOPLE WITH GROUNDED EXPERTISE: HURON PERTH PUBLIC HEALTH

The Lived Experience Expert Panel is a key initiative to support health equity at Huron Perth Public Health. It was initiated following updated public health standards for health equity in 2018 in Ontario. For a rural PHU with a large geographic region and relatively small population, the Lived Experience Expert Panel provides an opportunity to engage residents (aged 18-plus) who have lived experience with systems (e.g., social assistance, child welfare, education, health care and legal systems) and/or have experienced discrimination.

As a virtual panel, participants are regularly sent surveys that seek information on "big picture" issues, focusing on systems and structures as the locus for change rather than seeking panelists' personal experiences. One of the first activities of the Lived Experience Expert Panel was an ethics review of the model with Public Health Ontario. Panel participants are recruited by leveraging relationships and trust with community-based partner organizations through posters, flyers and presentations, and are directly invited by public health staff. Participants are provided with an annual honorarium of $50, which serves to recognize their expertise and contributions, and simultaneously ensures program affordability with massive benefit.

Huron Perth Public Health coordinates, recruits and encourages partners in the community to engage the panel when making significant decisions and changes related to program planning, policy development and service improvement. The Lived Experience Expert Panel provides the PHU and community partners with the opportunity to meaningfully integrate knowledge, expertise and perspectives not otherwise available. The PHU, in turn, reports[71] to panelists summarizing how their information has been used and the changes that have occurred.

6.3 Partner with other sectors

"Bring key partners together who all have a role who can focus on this issue and bridging gaps between all the needs without discrimination (e.g., tenants get painted with a certain brush because of previous complaints)."

Survey respondent

Most respondents (82.2%) indicated that public health has a role in bringing together intersectoral partners to address housing habitability concerns as a driver of health inequity. Multiple benefits were identified, including improved outcomes (96.3%), improved referrals (85.2%) and development of more effective policies for healthy housing (85.2%). Respondents in management positions specifically identified improved system planning (10/11, 90.9%) as a benefit of collaboration.

Respondents from approximately half (53.6%) of PHUs reported that they are aware of an existing collaborative process in their region where housing habitability concerns are routinely addressed. Examples include housing- and homelessness-focused collaboratives; targeted projects; risk response tables; system planning tables (e.g., community safety and well-being plan, regional drug strategy); hoarding collaboratives; and ad hoc efforts in response to specific issues or cases (e.g., health issues and policy review/development). However, levels of engagement by public health varies, with respondents from 41.7% of PHUs reporting active involvement, and 16.5% playing a convening or leading role.

Respondents from 46.4% of PHUs indicated they are not aware of existing collaborative processes in their region that address housing habitability concerns. Barriers to convening their own collaborative efforts include lack of capacity (92.3%), not being a priority (53.8%) and the perception that the convening role is not within their public health mandate (38.5%).

ACTIONS FOR PUBLIC HEALTH – PARTNER WITH OTHER SECTORS

Engage and work with other sectors, including tenant-led groups, to co-develop and implement strategies that advance healthy housing conditions.

"Many substandard issues are not necessarily health hazards and there are partner agencies who may have more direct responsibility to address such concerns [...]"

Survey respondent

Convene

- Convene community meetings to identify, engage, develop relationships and learn with partners and collaborators, including tenants.
- Consider different engagement formats (e.g., situational table committees, round tables, hoarding coalitions, targeted programs).
- Support authentic relationship development among participants that redistributes power to tenants and promotes "reflexivity among those in professional roles to identify institutional practices, policies and norms that perpetuate stigma and impede effective intersectoral response."[53(p1)]

Connect and refer

- Create an internal wiki or database that contains contact information of all relevant organizations that staff can use to refer community members to.
- Ensure appropriate and effective referrals and tenant access to appropriate services through a coordinated referral system.
- Refer homeowners (including landlords) living on low income to grants and funding programs for home maintenance and upgrading (e.g., energy efficiency).

Collaborate

- Leverage the roles, responsibilities and existing collaborations of partners to (a) support prevention and early identification of unhealthy housing, and (b) strengthen responses through improved planning, coordination and problem solving. (See Appendix B).
- Support community and tenant groups, including tenant unions and housing advocacy groups, by leveraging grounded expertise; providing statistical data to complement community knowledge; co-creating assessment reports; and offering technical supports and infrastructure (e.g., meeting space, staff support).

HOW TO GET STARTED

Leverage existing intersectoral initiatives on related subjects (e.g., housing and homelessness, community safety and well-being, and climate change adaptation planning) to discuss and address unhealthy conditions in rental housing. Draw on and establish relationships with community-based organizations that directly support tenants with low incomes to integrate grounded expertise. Embrace opportunities to convene community partners on this topic with tangible activities such as education, research and data collection, and policy development.

BRIGHT SPOT ON INFORMAL APPROACHES TO INTERSECTORAL COLLABORATION: WELLINGTON-DUFFERIN-GUELPH PUBLIC HEALTH

Wellington-Dufferin-Guelph Public Health (WDGPH) is adapting existing programs, resources and staff capacity to support enhanced partnerships; improved referrals; and more proactive, preventive and collaborative approaches to congregate residential inspection programs.

To improve internal collaboration, WDGPH has established cross-departmental working groups. As an autonomous PHU, advancing health-promoting policies at the municipal level requires working with each municipality within the WDGPH region, each of which has varied priorities and capacity for by-law and property standards enforcement. While this is a challenge, WDGPH works collaboratively with municipalities on an as-needed basis. Recently, it has begun working more closely with municipal partners on housing conditions, beginning with setting up meetings with fire, by-law and police services to share information.

WDGPH is also working to improve referrals and system navigation. Based on feedback from a survey of people contacting its call centre and drawing on partnerships with community-based organizations that support women and newcomers, WDGPH is adapting its website, call centre protocols and outreach to community partners to support improved communications and referrals. In addition, WDGPH has also developed an internal wiki that lists internal and external contacts.

By leveraging intersectoral partnerships and opportunities, WDGPH has enhanced the practice and protocols of prescriptive inspection programs to better prevent deteriorating housing conditions. The COVID-19 pandemic represented a turning point in which the PHU began more proactive inspection approaches in congregate living settings with higher risks of transmission. WDGPH also conducts inspections beyond those that are federally mandated in the Seasonal Agricultural Worker Program by inspecting with greater frequency throughout the farming season, conducting joint inspections and maintaining relationships with migrant worker support organizations.

WDGPH has also responded to issues in congregate settings by leading collaborative responses. It works with municipalities, Family Health Teams, legal aid and others to identify the most effective way to resolve issues, and provides support to residents while balancing the need for intervention without causing housing loss.

6.4 Assess and report on housing conditions

"Likely that we are not receiving many complaints from tenants who are afraid of being evicted. Ideally there would be a process that allows tenants to complain without fear of retribution."

Survey respondent

The majority (79.2%) of PHUs that responded noted that their organizations collect complaint-based data about housing conditions in their regions as per provincial public health requirements. However, the onus is primarily on tenants to report concerns about housing conditions and habitability.

A subset of respondents indicated that the data are used to support collaboration (34.8%) and inform PHU policy and action to address the needs of people who are marginalized by inequity (37.5%). Only 13% noted that the data are used to advocate for policy change to other levels of government. Over one quarter (26.1%) identified that the data collected have not been applied toward health equity goals.

No respondents indicated using a proactive approach to data collection on housing conditions by routinely inspecting rental housing. The most significant barriers to proactively collecting data on housing quality are lack of capacity (87.5%), not identified as a priority (37.5%) and not perceiving this to be within the mandate of public health (25%).

To support proactive and preventive responses to substandard housing issues, respondents most frequently identified the need for additional data about determinants of health (e.g., language barriers, income, race) (78.9%); hazardous exposures (dampness and mould, indoor air quality issues, lead, asbestos, rodent or insect infestation, radon, fumes) (73.7%); and inadequate heating (63.2%) and inadequate cooling (63.2%).

"[Housing habitability] can be such a complex issue that data on hazards may not be particularly useful.... Other solutions [i.e., upstream interventions] may be more impactful, such as addressing living wage, housing supply, mental health supports, and supports for aging adults."

Survey respondent

ACTIONS FOR PUBLIC HEALTH – ASSESS AND REPORT ON HOUSING CONDITIONS

Assess and report on (a) the existence and health equity impact of unhealthy housing, and (b) effective strategies that can promote healthy housing.

Collect, monitor and report

- 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 (i.e., being in need of major repair) to include specific parameters such as mould, pests, structural disrepair, poor air quality and inadequate ventilation.[9]

- Identify, collect and analyze community-level data (e.g., tenant and housing provider surveys, routine inspections) to complement complaint-based information.
- Apply proactive approaches to data collection on housing conditions used in other programs, such as that used by public health authorities inspecting housing through the Seasonal Agricultural Worker Program (see the Bright Spot in Section 6.3).

Share evidence and expertise

- Share community-based research and survey results to provide an evidence base on which to advocate for policy change at the municipal level.
- Compile and share evidence, including aggregated data on housing conditions from inspection reports and community-driven data, to catalyze and guide action on housing habitability (see the Bright Spot in Section 6.5).
- Offer technical support and infrastructure (e.g., data sources, epidemiology staff, analysis software) to help analyze data and tailor reporting and mobilization of the evidence to fit intersectoral and partner organizations' needs.

- Connect with other organizations in the region that currently, or could, collect data on housing conditions (e.g., housing maintenance data from municipal and other social housing providers, reports of health hazards such as mould or poor ventilation, tenant-reported data).
- Integrate community knowledge into assessment reports that reflect both content and context for the impact of unhealthy housing.

Engage in participatory methods

- Incorporate participatory research and data collection methods to assess and report on healthy housing, including grounded expertise of those with experience of living and/or working with inadequate housing.
- Be accountable to the community by reporting back to participants on the results and implications of community-based research and engagement (see the Bright Spot in Section 6.2).

HOW TO GET STARTED

Community-based research can provide a meaningful focal point for intersectoral collaboration. RentSafe Owen Sound Collaborative's surveys of tenants and housing providers[72] have been a community-driven way to get the ball rolling on data collection and assessment of conditions in rental housing. Sharing the survey results with the City provided an evidence base on which to advocate for policy change at the municipal level.

BRIGHT SPOT ON LEVERAGING RESEARCH TO FOSTER RELATIONSHIPS, COLLABORATION AND POLICY CHANGE: RENTSAFE

Within the provincial RentSafe initiative and the community-based RentSafe Owen Sound Collaborative, research and data collection have been mobilized as tools to support engagement, relationship development and collaboration toward meaningful action to improve housing conditions.

Most recently, the RentSafe Owen Sound Collaborative, which includes Grey Bruce Public Health as a long-standing partner, has mobilized the findings from its surveys of landlords and tenants[72,73] to make a compelling case for action at the municipal level. Its presentation to the City of Owen Sound's Corporate Services Committee highlighted the need to improve rental housing conditions and support landlords and tenants by improving data collection, adopting a mould model by-law, and prioritizing measures to help landlords maintain rental units and foster effective tenant-landlord relationships. The committee unanimously approved a motion for city staff to explore actionable steps based on the report's recommendations.

RentSafe's mould resources collection is another example of RentSafe research spurring collaborative action. When it identified mould as a key habitability concern across all sectors,[5] RentSafe catalyzed and supported intersectoral work involving tenants, physicians, legal aid, municipal by-law staff and public health staff to develop resources and tools to address mould in housing. These include guides for tenants and health care providers, an expert report on mould and health, and a model by-law. The mould model by-law was developed through collaboration among relevant professional associations, informed by a comprehensive scan of existing by-laws across Ontario, and co-created with the expertise of public health inspectors and municipal property standards and by-law officers in the RentSafe Municipal - Public Health Provincial Working Group to Address Substandard Housing Issues. The model by-law is being promoted across the province.

6.5 Modify and orient interventions to ensure person-centred service

"Our health unit covers many different municipalities that have varying by-laws in place regarding tenant housing. Communication should be improved to understand what they are doing and what we are doing. Often people get passed back and forth as a consequence of this lack of communication."

Survey respondent

A "no wrong door" approach to service coordination and system navigation ensures that when a person engages with any part of the service system, they are supported to connect with other appropriate services through proactive, person-centred and integrated approaches.

Respondents from 66.7% of PHUs noted that limited capacity prevents them from implementing a "no wrong door" approach. However, 77.0% indicated that there is an expectation that staff stretch beyond their mandated roles to ensure that people are supported to connect with the appropriate services. In addition, 84.6% indicated there are protocols in place to ensure that people are supported, including protocols to:

- require staff to assist community members by connecting them to other services where appropriate,
- train staff to direct calls to the appropriate public health program and to direct housing complaints to the health protection department, and
- designate a duty officer to field and direct questions to the proper resource.

Supports cited as necessary to improve person-centred service coordination and system navigation include educational tools and resources (72.7%) and policy guidelines (63.6%).

ACTIONS FOR PUBLIC HEALTH – MODIFY AND ORIENT INTERVENTIONS

Modify, orient and transform interventions to promote healthy housing conditions and reduce inequities caused by unhealthy housing.

Adopt foundational approaches and tools

- Adopt a clear vision for healthy housing and equitable living conditions as a foundation for public health action[6] to ground the work in housing as a human right (as described in Appendix A) and as a public health priority (see Figure 1).
- Ensure tenants and front-line workers with grounded expertise are part of planning, implementation and evaluation of public health housing-related strategies.
- Create a safe and healthy environments housing checklist to support inspections and data collection conducted by public health staff and community partners.
- Review internal guidelines and decision-making tools for how public health engages and responds to community concerns about housing conditions.
- Develop and advocate for proactive approaches (e.g., inspections, regulations) to prevent housing issues from further deteriorating and address barriers regarding tenant-led complaints.
- Expand data collection in housing inspections and investigations beyond the traditional environmental health parameters to include health equity.

Strengthen staffing and other resources

- Direct targeted funding and/or resources toward health equity and interventions to address unhealthy housing, including staff time and project funding.
- Provide training for staff across public health programs (e.g., home visitors, nurses) to support early intervention by identifying health risks related to the home environment and following up with public health inspectors or other appropriate staff.
- Support staff who are already invested in and working on housing-related issues to form an internal interdisciplinary team and strategic plan to address housing issues across programs and disciplines.

- Implement equity, diversity, inclusion, reconciliation and accessibility training to encourage the incorporation of health equity into housing and homelessness strategies.
- Engage with practitioners and organizations from other localities and jurisdictions to learn about what is working in other regions.[9]
- Provide staff, the public and other sectors with accessible and culturally appropriate resources and education on indoor environmental hazards in rental housing as health equity issues, along with ways to reduce exposures and enhance health-promoting and environmentally sustainable actions.

HOW TO GET STARTED

Identify and enhance early, preventive, proactive and supportive interventions to address unhealthy housing conditions. For example, develop training and procedures for front-line workers who provide in-home support, refine and mobilize existing data collected across sectors to identify and prioritize interventions in buildings with multiple complaints, advocate for improved programs and policy, and include tenants and front-line workers in planning and evaluation.

BRIGHT SPOT ON PERSON-CENTRED APPROACH TO SUPPORTING TENANTS WITH COMPLEX HOUSING ISSUES: PUBLIC HEALTH SUDBURY & DISTRICTS

Public Health Sudbury & Districts recognizes the centrality of relationships, trust and time when supporting tenants with health hazards in housing, and who face risk of eviction. Their approach is shaped by the knowledge that health hazards may be rooted in broader contextual factors that limit tenants' capacity to maintain their units and that, if the PHU can support tenants to get the help they need, the tenant can maintain their housing and the health hazard can be resolved.

Teaming up with partners in the region has supported effective interventions. As a case in point, landlords will call the PHU as a partner to support habitability issues and preserve tenancies. In 2018, Public Health Sudbury & Districts partnered with researchers at Laurentian University to publish a summary report on housing investigations involving populations experiencing marginalization that highlights successes and recommendations "to further enhance both preventative and proactive approaches to best support individuals [forced into marginalizing circumstances] to address the root causes of these adverse situations."[49(piv)]

Public Health Sudbury & Districts has also led projects that centre the expertise, storytelling and advocacy of community members with lived and living experience of mental health, addictions, low income and/or housing insecurity, and those who are part of the 2SLGBTQIA+ community. These projects both support the PHU's approach to addressing health equity issues and support community members to become more involved in issues that affect them.

Public Health Sudbury & Districts' approach to supporting tenants with complex housing issues is supported across multiple organization levels, including the medical officer of health and program supervisors, and also integrated into the on-the-ground work of front-line staff such as public health inspectors. This approach has been dependent on adequate capacity of the PHU.

6.6 Participate in policy development and advocacy

"There is a need to look at systemic and structural issues that contribute to the housing issues (or perpetuate them). A lot of what we do (even with partners) acts as a band-aid/addresses the symptom rather than having any impact on changing the root cause (poverty, oppression, etc.)."

Survey respondent

Approximately half (52.0%) of respondents reported engaging in policy change efforts and advocacy to address access to safe, affordable and healthy housing. Key strategies include:

- review property standards and by-laws (31.8%),
- publicly disseminate data regarding housing and health equity (27.3%),
- engage in education and outreach (25%),
- work with provincial agencies and decision-makers to address housing habitability (13.6%), and
- participate in coalitions with other sectors in system-level planning and advocacy to address housing habitability (13%).

Limited capacity was identified by 82.6% of the respondents as the most significant barrier to engaging in advocacy. Less than half identified current examples of policies that support healthy housing within their organization (40%) and at the municipal level (31.8%).

Unhealthy housing conditions experienced by tenants are influenced by policy decisions made at all levels of governments (see Section 3.1) and by community-based organizational policy and practice. Respondents identified numerous opportunities for policy change within their PHU and at municipal, provincial and federal levels to address health inequities and improve housing habitability. The need to improve clarity and definitions in by-laws and legislation emerged as a recurring theme across the survey results.

"Lack of province-wide regulatory property standards policies makes our work hard or limited despite the goodwill to help our clients."

Survey respondent

Some respondents noted that public health should be more involved in upstream, preventive efforts focused on housing development/redevelopment. This approach would support the implementation of evidence-based best practices to prevent housing habitability issues like mould, elevated radon and poor ventilation from the outset, particularly in the case of retrofits and renovations of rental housing where there are fewer standards and guidelines.

ACTIONS FOR PUBLIC HEALTH – PARTICIPATE IN POLICY DEVELOPMENT AND ADVOCACY

Co-lead, support and participate with tenants, tenant-led groups and housing organizations in habitability policy analysis, development, advocacy and evaluation.

Promote Health in All Policies

- Encourage the use of a Health in All Policies approach in housing development (including new affordable housing), community planning, improvements to existing affordable housing and expanded supportive housing.[6]

- Work with by-law and other officials (e.g., planning, housing secretariat, fire services, justice) to integrate health considerations into housing legislation, regulations, and enforcement strategies and programs. Actions include incentive programs, proactive inspection programs and landlord licensing.
- Consider the policy context that contributes to unhealthy housing (e.g., disinvestment in affordable rental housing and deregulation of tenant protections) (see Section 3.1), the intersection with structural and social determinants of health (see Section 3.2), the impact of climate change on housing conditions, and the carbon reduction benefits of sustainable housing upgrades.

Advocate

- Advocate collaboratively with and to intersectoral partners and decision-makers at all levels of government for healthy, affordable, safe and adequate housing conditions.
- "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."[9(p9)]
- Advocate for targeted funding and incentives at all levels of government to support the maintenance of existing affordable housing (including investments for climate resiliency).

Collaborate

- Work with governments and housing authorities, including Canada Mortgage and Housing Corporation (CMHC), to influence and improve building standards, by-laws, zoning regulations and other development regulations for new and existing housing.[6,9,74,75]
- Work with municipalities to strengthen existing or create new policies to reflect health risks of unhealthy housing and integrate relevant evidence (e.g., indoor air quality and mould standards, minimum and maximum temperature by-laws).
- Build relationships with municipal planners, housing agencies and developers, and get involved in rental advisory committees, to participate in land use and development planning processes.
- Encourage policies and actions that incorporate the principles of healthy housing into housing location (siting), design, construction and maintenance (e.g., housing policies in municipal official plans, green building standards).

BRIGHT SPOT ON POLICY ADVOCACY FOR MAXIMUM TEMPERATURE BY-LAW: HAMILTON PUBLIC HEALTH SERVICES

Hamilton Public Health Services has adopted a comprehensive approach to addressing extreme heat in the community. This approach recognizes, honours and is shaped by the insights and expertise of community members most affected by this issue. It is supported by community-based research and a broader evidence base mobilized by public health staff. At the same time, there is commitment to enhance municipal policy, regulations and enforcement capacity, with support from an engaged and informed community and with political will at the municipal level.

Hamilton Public Health Services is leading efforts to address extreme heat for the City of Hamilton's Community Heat Response Plan, driven by evidence that indicates that those made most vulnerable to extreme heat are people who are precariously housed and people who are socially isolated with low socio-economic status. Hamilton Public Health Services has developed a corresponding heat response strategy, which involved monthly meetings of the intersectoral Extreme Heat Working Group, an evidence review and incorporation of heat-related items from the city's Climate Change Impact Adaptation Plan. One of the actions identified in the strategy is the development of an Adequate Temperature By-law to promote access to cooling for individuals who reside in rental dwellings.

Additionally, the City of Hamilton is establishing the Hamilton Apartment Rental Program, which is an initiative to consolidate and improve by-laws and enhance property standards enforcement. It includes a "renoviction" by-law to prevent unfair evictions for renovations. This initiative builds on previous interdepartmental partnerships (property standards and by-law enforcement, public health) to conduct "by-law blitzes" to improve property standards through voluntary inspections in multi-unit residential apartments that have been flagged following multiple complaints.

One pillar of Hamilton's efforts to address extreme heat is the engagement of people who are directly affected by extreme heat. Community partners that represent tenants, such as Hamilton ACORN, are engaged to provide insight into the lived experiences of tenants, including older adults and people with disabilities who are at greater risk when there is extreme heat.

7.0 A path forward

Canada is in a housing crisis that disproportionately affects people living on low income and those experiencing other forms of socio-economic disadvantage. Unfit and unhealthy housing conditions are a dimension of this crisis, but they usually do not make the headlines and are often overlooked in policy discussions.

Too many people in Canada, including children and other groups highly susceptible to harm, are living in housing that jeopardizes their health. Financialization, profit motivation, lack of investment, aging rental stock, deregulation of rent control and a reactive complaints-based system are major contributors to this situation. Conditions such as mould, deteriorating lead paint, inadequate heat and cooling, pests and frequent pesticide use exact a heavy toll on the health and well-being of residents, especially those already facing intersecting oppressions associated with their race/ethnicity, Indigeneity, gender or newcomer status. Alongside inadequate supply and lack of affordability, unhealthy housing conditions are a potent driver of health inequity.

Housing is a human right and a fundamental component of health protection, and public health is uniquely positioned to address the challenge of unhealthy housing conditions. With a mandate to convene sectors to address issues affecting the health and well-being of communities, public health professionals can provide much-needed leadership for coordinated strategy and action. This includes bringing together municipal by-law enforcement, legal aid, local health and social services agencies, settlement services, fire prevention, anti-poverty and harm reduction tables, and tenant advocates. Strategies and action areas include identifying gaps and mobilizing preventive capacity and response across sectors, including data collection and tracking.

This report suggests that, while many in the public health sector see the importance of this role, more leadership and greater capacity are needed for real and sustained action. Public health is well positioned to provide a strong advocacy voice for policies and investments to address the quality — not just the quantity — of housing units available in communities, and to generate the evidence needed to inform and drive those policies. In the daily work of public health inspectors and health promoters, public health can embody a person-centred, "no wrong door" approach in supporting the well-being of communities within which we work.

As the evidence in this report reveals, public health professionals bear witness on a daily basis to the negative impacts on health and human dignity associated with the housing crisis and the unhealthy and degrading conditions that many endure. The Bright Spot stories demonstrate that the public health sector is well positioned and ready to step up with the courageous leadership, out-of-the-box thinking, on-the-ground action and compassion required to ensure that every person, and every child, in Canada has a safe and healthy place to call home.

We invite you to join together in answering that call.

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Key terms and concepts

Healthy housing is affordable, stable, in good condition, located in safe neighbourhoods and free from environmental health hazards.[6,7] It is a key social determinant of health.

Adequate housing is a residential unit that meets the needs of its residents, is well maintained, and is not in need of any major repairs.[9,76]

Affordable housing is considered to be when no more than 30% of the household's before-tax income goes toward housing costs (paying the median rent, utilities).[76] This is also known as the 30% shelter-to-income ratio. This income-based definition of affordability is widely recognized; however, other non-income-based measures of housing affordability (such as affordability standards based on median market rents) are frequently used in housing programs and do not reflect the ability of renters with low incomes to pay.[77]

Housing hardship is an affordability concept that considers the ability to pay for both housing and other essential non-housing expenses, which the 30% shelter-to-income ratio definition does not account for.[78]

Core housing need refers to the situation when a residence does not meet the standards of affordability; adequacy (e.g., the home is in need of major repairs); and/or suitability (e.g., overcrowded housing), and the household cannot afford to live somewhere else in their community that meets these standards.[76,79]

The **right to housing** recognizes that all people have the right to live with dignity in a safe and secure home that meets their needs.[3] This concept is interdependent with the rights to equality, non-discrimination and other human rights. The right to housing was recognized in Canada in 2019 when Parliament passed the National Housing Strategy Act.[80] The Act outlines how a national housing strategy will recognize "the importance of housing in achieving social, economic, health and environmental goals"; "focus on improving housing outcomes for persons in greatest need"; and "ensure the ongoing inclusion and engagement of civil society, stakeholders, vulnerable groups and persons with lived experience of housing need, as well as those with lived experience of homelessness."[80]

Indigenous definitions of home are embedded in First Nations, Inuit and Métis world views where home is conceptualized as "a web of relationships and responsibilities involving connections to human kinship networks; relationships with animals, plants, spirits and elements; relationships with the Earth, lands, waters and territories; and connection to traditional stories, songs, teachings, names and ancestors."[32(p14)] Home is also described as:

a feeling of 'rootedness,' meaning that an Indigenous person, community and Nation feel at home when they have a reciprocal responsibility and stable relationship with such things as place, geography, animals, community, sense of belonging, identity, family, ancestors, stories and independence.[32(p15)]

The concept of home extends beyond a built structure or environment to include "healthy social, cultural, spiritual, emotional and physical relationships."[32(p16)]

The **housing crisis** encompasses the widespread lack of availability and affordability of homes. Most Canadians cannot afford the costs of rental housing: the median before-tax income (based on 2021 census data) is less than the income required to afford the median monthly rent for all properties across Canada in 2024.[15] As availability (vacancy) has decreased and rent prices have increased significantly, housing stability is increasingly threatened, choice is limited, and incomes are increasingly stretched to meet other basic needs (food, utilities, transportation) and discretionary expenses.[4]

Housing habitability concerns (also referred to as **inadequate and unhealthy housing conditions**) include structural issues and physical conditions such as inadequate heat and cooling; insufficient light and ventilation; lack of security; lack of basic services (e.g., water, sewage disposal, household waste); and exposure to environmental hazards such as mould, pests, lead, radon, asbestos, indoor chemical pollutants and smoke.[4,7]

Financialization of housing refers to the role and dominance of financial markets and corporations in the housing sector.[81] Financialization is the increasing treatment of housing as a commodity (from which to maximize profit) instead of recognizing and protecting housing as a human right and a social good, and its essential role in supporting the well-being of the general population.[82,83]

Grounded expertise is a term to emphasize the knowledge and insights derived from "lived and living experience" by those who have directly experienced and lived with(in) a particular issue, concern or injustice.[10] It is used to prevent the subordination of expertise gained in non-academic or non-professional experience to knowledge gained in academic and professional spaces. It can also include the knowledge of those working on the ground at the community level.[84]

Intersectoral action or collaboration (also called cross-sectoral collaboration) refers to various sectors of society (including people with grounded expertise) working together toward a shared goal of addressing complex issues based on principles of co-development and co-accountability.[85]

Intersectoral partners for healthy housing

The following table provides a composite list of suggested partners for intersectoral action on healthy housing, compiled from multiple sources. [5,6,52,55,74]

SECTOR	EXAMPLES OF ORGANIZATIONS AND OTHER ACTORS	RELATED ROLES AND RESPONSIBILITIES
Public health	» Public health units and departments such as: 　• Health Equity 　• Population Health 　• Health Promotion 　• Health Protection 　• Chronic Disease Prevention 　• Healthy Environments 　• Infection Prevention and Control 　• Healthy Growth and Development 　• Substance Use and Injury Prevention 　• Effective Public Health Practice » Community health centres » Public health associations	» Inspect and respond to health hazards in housing » Educate tenants, landlords and service providers » Convene health equity-focused intersectoral collaboration » Collect, analyze and report on data » Review and develop policy; advocate for policy change » Support municipal policy and planning
Health care	» Primary health care providers » Hospitals » Environmental health clinicians » Community health workers » Provincial/regional health authorities » Diverse fields and areas of focus including social, mental, environmental and physical health specialties	» Diagnose housing-related health conditions » Support patient advocacy » Collect data » Advocate for policy change
Tenants	» Tenant associations » Tenant advocacy organizations » Lived experience and expertise panels on housing and homelessness and/or related issues (e.g., food security, anti-poverty, drug strategy)	» Share grounded expertise from lived experience of unhealthy housing » Collect data » Analyze policy and advocate for policy change
Housing providers	» Private-sector landlords 　• small scale 　• large scale » Non-profit housing organizations 　• governmental (e.g., municipal, county, district) 　• non-governmental	» Provide rental housing that complies with provincial legislation and local property standards » Collect data » Analyze policy and advocate for policy change
Housing support	» Supportive housing providers » Emergency shelters » Municipal social services » Community-based non-profits 　• outreach workers 　• housing resource/advocacy organizations 　• community mediation programs	» Provide support for renters to sustain tenancies and prevent housing loss » Allocate funding to address property damage and maintenance » Provide landlord-tenant support/mediation
Housing developers	» Municipalities 　• programs/funding for retrofits 　• planning departments » Realtors » Developers, builders, contractors » Community land trusts » Banking institutions and providers of housing finance	» Identify opportunities to incentivize maintenance and preservation of existing affordable housing and to build new affordable housing

SECTOR	EXAMPLES OF ORGANIZATIONS AND OTHER ACTORS	RELATED ROLES AND RESPONSIBILITIES
Legal services	» Community legal clinics/legal aid clinics » Tenant duty counsel » Provincial specialty legal clinics (e.g., tenant, disability, environmental, legal education, landlord support clinics)	» Provide legal advice and support for tenants with settlements with landlords; review and help with forms and other documents related to eviction and other housing issues » Analyze policy and advocate for policy change regarding regulatory framework for healthy housing conditions
Community organizations	» Indigenous Friendship Centres » Community food centres » Food banks » Drop-in centres » Tenant organizations » Landlord organizations » Social planning councils » Community advocacy committees (e.g., anti-poverty task force, housing advisory committee) » Humane societies, SPCA (Society for the Prevention of Cruelty to Animals) » Environmental organizations	» Build relationships and trust with tenants living on low income » Support early intervention » Engage with tenants and workers with grounded expertise of challenges faced by tenants living on low income
Emergency services	» Paramedics » Fire departments » Police	» Support early identification and intervention on housing habitability concerns » Collect data
Municipal governments	» Property standards and by-laws » Social services » Housing services » Community/urban planning	» Develop policies and programs to enforce property standards and related by-laws » Lead mandated planning (e.g., housing and homelessness plan, community safety and well-being plan) » Collect data » Provide funding, administration and delivery of programs and social services (e.g., housing loss prevention, retrofit and maintenance programs, discretionary funds)
Indigenous governments	» First Nations band councils » Assembly of First Nations » Inuit Tapiriit Kanatami » Métis National Council	» Develop policies and programs » Collect data » Provide funding, administration and delivery of programs and social services
Provincial/ territorial governments	» Provincial/territorial public health agencies (e.g., Public Health Ontario) » Ministry of Health » Ministry of Housing » Ministry of Municipal Affairs » Ministry of Environment	» Develop policies and programs » Provide guidelines; create standards and regulations » Collect data » Provide funding and administration of programs and services
Federal government	» Canada Mortgage and Housing Corporation » National Housing Strategy » Health Canada » Environment and Climate Change Canada » Public Health Agency of Canada » Statistics Canada	» Develop policies and programs » Provide guidelines; create standards and regulations » Collect data » Provide funding and administration of programs and services