



RESEARCH HIGHLIGHT

GTA West Housing and Health Study: Report on Establishing the Baseline Characteristics of the Participants

February 2016

Socio-economic Series

INTRODUCTION

CMHC is interested in understanding and documenting the benefits of affordable housing. In December 2006, CMHC funded a pilot study for the evaluation of social housing as a health intervention. This pilot study laid the groundwork for the longitudinal study described in this Research Highlight, which was also funded in part by CMHC. The study is expected to run through March 2019.

It is often claimed that affordable housing is an important determinant of health, but there is relatively little direct, rigorous evidence of this claim. The “GTA West Housing and Health Study” began in 2008 with collaboration between the housing service managers in Hamilton, the Region of Peel and the Halton Region and Housing Connections in Toronto (the western part of the GTA), the Centre for Research on Inner City Health (CRICH) at St. Michael’s Hospital in Toronto and the Collaboratory for Research on Urban Neighbourhoods, Community Health and Housing (CRUNCH) at McMaster University.

This unique study is designed to determine if people who receive rent-geared-to-income (RGI) housing for the first time experience any impact on mental health, general health and other known determinants of health, such as social support, sense of community, health behaviours, or on income and education. The GTA West Study is a longitudinal examination of a cohort of people on the waitlist for RGI housing in the participating GTA West municipalities. Waitlist applicants for RGI housing were

recruited into the study and baseline data was collected from them by means of an in-person survey. Over time, some participants will move into RGI housing (that is, the “intervention group”) and others will not, and the study design permits the research team to conduct follow-up surveys with both movers and non-movers at 6, 12, and 18 months to determine if any improvements in mental health, general health or other areas are evident, and if the changes experienced by the intervention group are significantly greater than those who do not receive RGI housing in the study period. This is the first study of its kind in Canada.

This Research Highlight provides a snapshot of the socio-demographic, health, social support and other characteristics of the participants enrolled in the GTA West Study at the time of their baseline interview. Relatively little is known about the characteristics of social housing applicants, so the data presented here offers a unique insight into the characteristics of an important social group.

PROJECT AIM

The study aims to determine:

1. Whether adults (ages 18-75) rehoused into RGI social housing are significantly more likely to show positive changes in general health status, and in depressive and anxious symptomatology (sometimes known as the “common mental disorders”) (Welch 1997) than a comparison group that does not access RGI housing;

2. Those factors that may mediate changes in adult mental health prior to and after occupying RGI housing, including changes to a) the housing and neighbourhood quality; b) affordability (that is, shelter costs as a proportion of gross income); c) other relevant, non-housing stressors (for example, work stress, general stress) and d) coping resources (for example, social support, coping style); and
3. Whether the mental health benefits that may be present as a result of receiving RGI social housing differ by a) gender and b) ethnicity.

This Research Highlight reports results from the baseline survey.

METHODOLOGY

The research uses a prospective cohort design, with a control group, to investigate the impacts of receiving RGI housing for the first time. This is a strong study design that improves on many other studies of housing and health by ensuring that the direction of causality between housing and health is correct. In other words, previous, cross-sectional studies that showed relationships between housing and health are vulnerable to the possibility of reverse causation—that poor housing causes poor health, instead of the reverse—but the GTA West Study will not be vulnerable to this weakness.

Participants were recruited for this longitudinal study from waiting lists for RGI housing in Hamilton, Halton, Peel and Toronto in the western GTA region. Participants completed a comprehensive in-person survey that included questions on physical and mental health, characteristics of their current dwelling, other social determinants of health, as well as socio-demographic variables.

There are many challenges involved with recruiting low-income, often marginalized populations across four municipalities into a research study, including language, literacy, trust and time pressures of the target populations. Despite these obstacles, the study team was successful in recruiting a group of 502 participants from the intended target of 522 across the four municipalities of the GTA West Study area.

Recruitment targets were based on budget constraints and were set according to the relative size of the social housing portfolio in each municipality (that is, number of social housing units). Because RGI housing wait times are long, in order to finish the longitudinal study in a reasonable duration of time, part of the recruitment targeted households who were most likely to be housed quickly after baseline data collection. The research team worked closely with the municipal agencies and the research ethics boards at both academic institutions participating to develop protocols that allowed potential participants to be contacted and recruited into the study, while ensuring safeguards for their privacy and voluntariness of their participation in the study. Initial contact with potential participants was achieved by the housing managers sending recruitment letters and, if no response was received, an additional letter was sent. Where possible, a phone call augmented the recruitment efforts after the second letter. Recruitment targets were fully met in the Peel Region while approximately 10 participants are missing in the other regions. Table 1 below presents the participant breakdown by research site.

Table 1 Number of participants in GTA West Housing and Health Study by study site

Site	Target Sample #	Completed Sample #
Peel Region	105	114
Toronto	184	176
Hamilton	154	143
Halton Region	79	69
TOTAL	522	502

FINDINGS

Social demographic characteristics

The following describes the preliminary baseline data available for socio-demographic characteristics as well as information on the dwelling and health status of participants. While most participants were aged between 45 and 64, a significant proportion of participants fell into the 25-44 and 65+ age categories. A very small proportion of participants were between 18 and 24 years of age (see figure 1). Almost 60 per cent of participants were female and just under 40 per cent were male, while less than 1 per cent identified themselves as transgender (see figure 2).

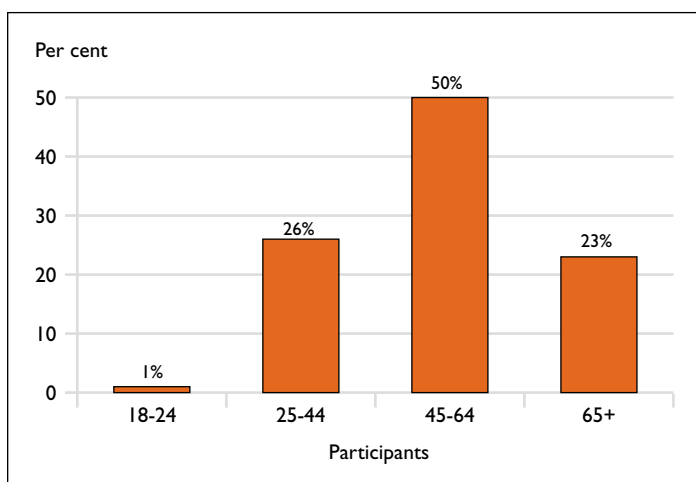


Figure 1 Age of GTA West Study participants.

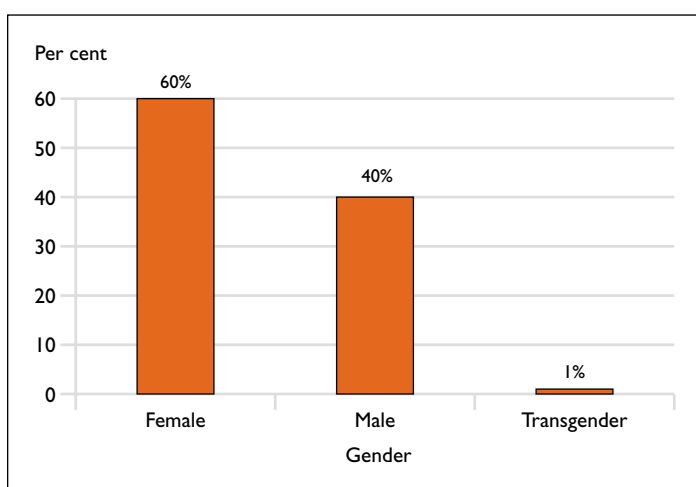


Figure 2 Gender of GTA West Study participants.

In terms of immigration status, the majority of participants were immigrants from a wide range of countries, while 30 per cent of the study participants were born in Canada. This high proportion of immigrants partially reflects the profile of RGI housing applicants in the GTA West. It also probably reflects that a priority is often placed on providing newcomers in need with RGI units.

The baseline participants were quite well educated, with 59 per cent reporting that they had some education beyond high school.

Questions about employment status showed that about half (53.4 per cent) of the participants were unemployed, while the rest had some form of employment (full- or part-time job, self-employed). Of those who had a partner, 56.3 per cent of their partners were employed.

More than half (57 per cent) of the participants reported an annual household income of less than \$20,000, or less than half the median household income in Canada. In terms of income sources, approximately one third of the participants reported that their primary sources of income were from wages, salaries and self-employment. Other sources included disability pensions, social assistance, Canada Pension Plan (CPP), private pensions, Guaranteed Income Supplement (GIS), and other sources as seen in figure 3.

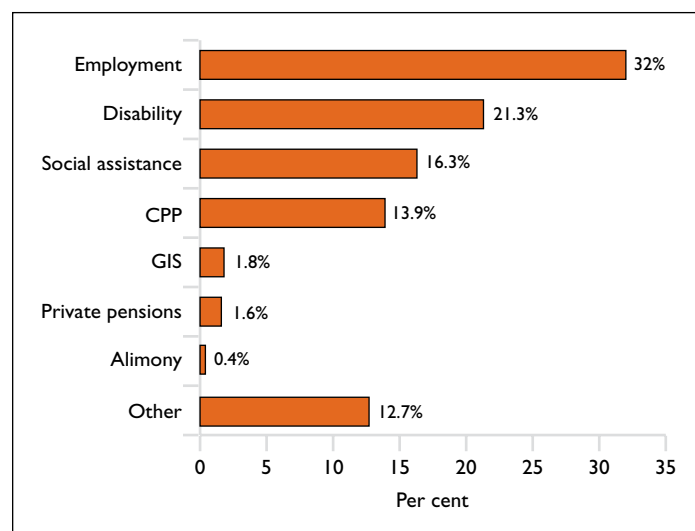


Figure 3 Source of income of GTA West Study participants.

Affordability and food security

Previous research has shown that low-income households who face high housing costs relative to income are more likely to experience food insecurity. The data collected on affordability and food security showed that 64.9 per cent of participants reported that it was “difficult” or “extremely difficult” to meet their housing and shelter costs. A total of 43.3 per cent indicated that because of a lack of income, they or someone in their household had recently been worried that there was insufficient food in the household.

Household composition and dwelling characteristics

The project uses Statistics Canada’s definition of household, “a person or a group of people occupying the same dwelling.” The most common household type was single person living alone (27 per cent), followed by single adult living with children (20 per cent), married or common-law couple with children (18 per cent), two or more unrelated persons (9 per cent) and married or common-law couples without children (9 per cent)(see figure 4).

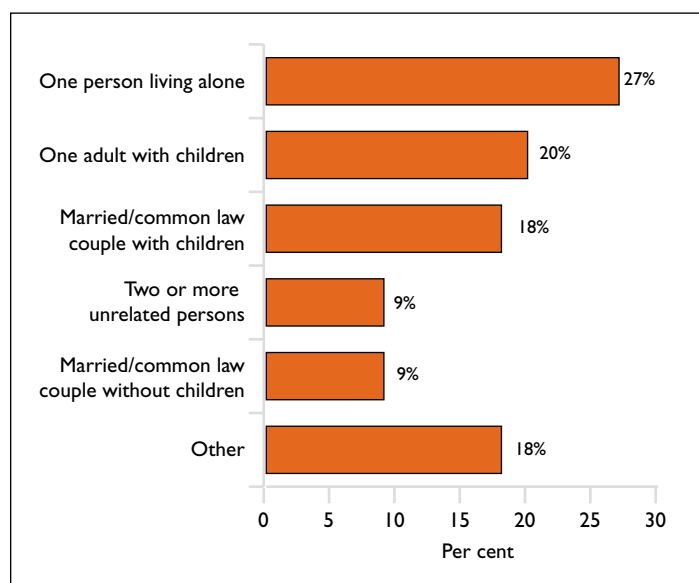


Figure 4 Household composition of GTA West Study participants.

The larger proportion of single adults living alone does not necessarily reflect the overall composition of RGI applicants or of those on the waiting list, but may be due to participant recruitment strategies that prioritized waitlisted applicants who were likely to receive RGI housing quickly after the baseline data collection. The recruitment prioritized households who were eligible to live in the types of units that turn over most frequently in each GTA West study site—which tended to be single-occupant units—in order ensure that waitlisted households in the sample received housing within the duration of the study period.

In terms of dwelling type lived in before accessing a RGI unit, half of the participants reported that they lived in high-rise apartments (5 storeys or more), while the other half lived in other types of dwellings like low-rise apartments (12.7 per cent), townhouses (6.9 per cent), semi-detached homes (4.2 per cent), duplexes (1.2 per cent), single-detached houses (9.7 per cent), self-contained apartments within a house (9.1 per cent), collective dwellings (3.0 per cent), any kind of transitional housing/shelter (1.4 per cent) and others (1.8 per cent)(see figure 5).

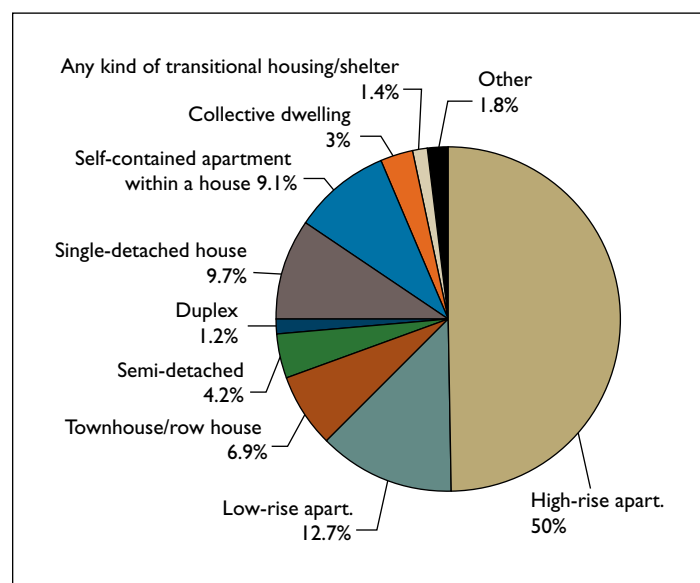


Figure 5 Baseline dwelling type for GTA West participants.

Approximately 92.9 per cent of participants rented their dwelling, while the remaining 7.1 per cent lived in a home owned by a member of the household.

Interestingly, although the respondents were all applicants for RGI housing in one of the GTA West municipalities, they reported a high level of satisfaction with nearly every aspect of their existing housing at the time of application. The dwelling attribute that showed the lowest level of satisfaction was the amount of space, and the highest levels were shown for safety and security of the dwelling and cleanliness (see figure 6).

Health and functioning

It is well-established that low-income populations tend to suffer poorer mental and physical health outcomes than higher-income populations. In addition, low-income individuals often compromise or “discount” their own health in order to pay for housing. This may include not purchasing the full course of prescription drugs, consuming less expensive and less healthy foods, not engaging in fee-based health promotion activities, and avoiding medical treatment until problems become more complicated.

It is anticipated that longitudinal data from the study will help quantify health promotion effects of affordable housing. But for now, the baseline health data provided a snapshot of the participants’ health status, which will allow researchers to investigate linkages between changes in their health and the provision of affordable housing.

In the baseline survey, information on individual mental health status, general health status, and self-reported chronic conditions was collected. In selecting health measures that might possibly change, access to health care, health behaviours, general health status and two measures of mental health (depression and anxiety—sometimes called distress) were considered (see table 2). Of these health measures, the most likely to show change with improved housing quality and affordability, which RGI housing usually provides, is mental health status.

Although Canada enjoys universal health insurance, people sometimes experience unmet needs for care. For example, 17.7 per cent of respondents in the GTA West baseline survey reported an instance of unmet need for care in the last year. Of those, 64.8 per cent were for a physical health problem and 9.1 per cent were for an emotional mental health issue.

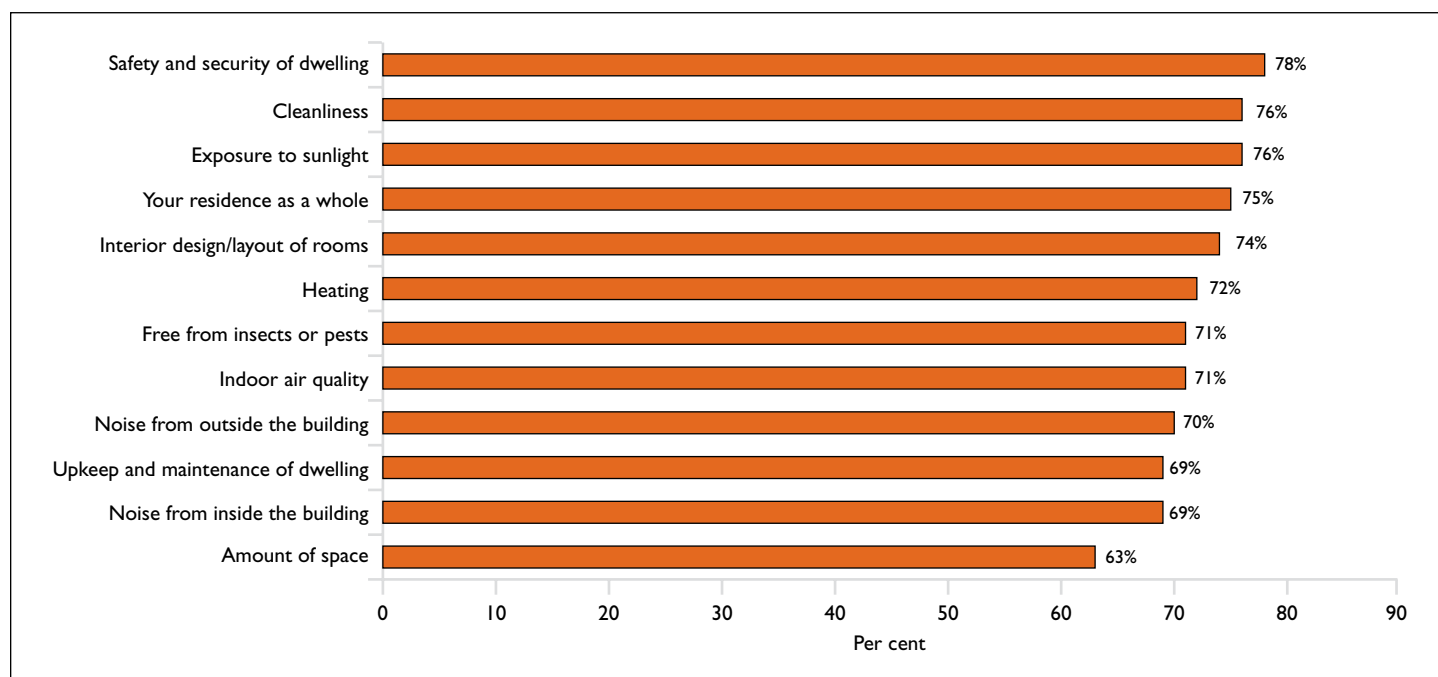


Figure 6 Proportion of GTA West study participants indicating satisfied or very satisfied with various attributes of current housing.

Table 2 Self-reported health status, GTA West Housing and Health Study

Health Measures	Specific Elements of Health Measure Explored	Number	Per cent
Unmet need for care	Time you needed care but didn't get it (past 12 months)	89	17.7
	Needed help for treatment of a physical health problem	57	64.8
	Needed help for treatment of an emotional/mental health problem	8	9.1
Frequency of health behaviours	Current smokers	114	22.7
	Heavy drinking (5+ drinks at least once/month)	31	6.2
	Physically active	230	45.7
	Limited in activity due to long-term physical condition/health problem	241	47.9
Self-rated health	Compared to people own age: rating of health fair/poor	163	32.5
Frequency of depression (CESD)	Minor and major (cutpoint ≥ 16)	234	47.0
	Major (cutpoint ≥ 28)	108	21.7
	Average score (SD)	17.03 (12.5)	
Frequency of distress (K6)	Mild and severe (cutpoint ≥ 12)	266	53.5
	Severe (cutpoint ≥ 20)	73	14.7
	Average score (SD)	12.4 (5.5)	

In terms of health behaviours, 22.7 per cent of participants were current smokers, 6.2 per cent regularly engaged in heavy drinking, 45.7 per cent reported they were physically active and 47.9 per cent reported that they were limited in activity as a result of a long-term physical limitation.

Self-rated health is a robust general measure of health that correlates well with future symptom reporting, health care utilization and mortality. In this study, 32.5 per cent of participants reported fair or poor health, which is well above the national benchmark for Canada. The rate of fair/poor self-rated health is age-dependent, and for the general population in Canada, it varies between 4.2 per cent among people aged 12-19 to 22.2 per cent for people aged 65+.¹ Focusing now on depression, 47.0 per cent of GTA West Study participants reported symptom levels indicating they had either major or minor depression and 21.7 per cent

reported symptom levels that indicated major depression. Similar results were shown for anxiety (distress), with 53.5 per cent of participants reporting symptom levels and frequency that qualified as either major or minor anxiety and 14.7 per cent reporting symptom levels consistent with major anxiety.

Each participant was asked in detail about self-reported chronic conditions. Back problems (38.6 per cent), arthritis or rheumatism (37.6 per cent) and high blood pressure (35 per cent) were the most common chronic conditions reported among the GTA West Study participants. Of those participants who reported one or more chronic conditions, 65.0 per cent reported that the condition did not impact their everyday functioning including doing work, whether in the home or outside it.

¹ Source: Statistics Canada. *Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2012 boundaries) and peer groups, occasional*, CANSIM (database).

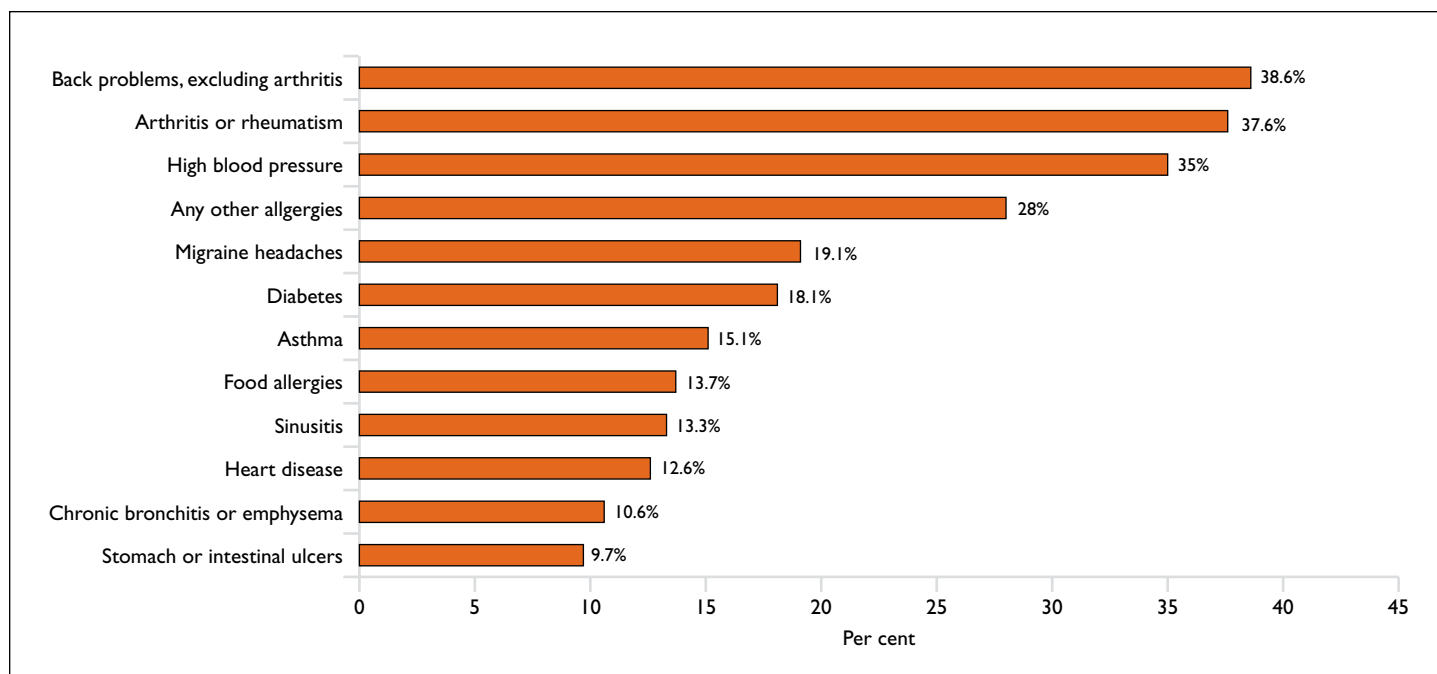


Figure 7 Frequency of chronic disease among GTA West Study participants.

SUMMARY

The GTA West Housing and Health Study presents a unique opportunity to examine changes in health and functioning over time as participants move from market rent housing to rent-geared-to-income (RGI) housing.

This Highlight presented the baseline characteristics of the GTA West housing and health study cohort, all of whom are wait-listed applicants to RGI housing. The baseline survey results reveal a low-income, but fairly well-educated, population who report a high level of satisfaction with their current housing and who also have somewhat poorer mental and general health than the general population, reflecting their low-income status.

Follow-up data collected from all participants at 6, 12 and 18 months after they receive RGI housing will help to quantify impacts that affordable housing has on the health status of participants at baseline, presented in this report. This comparison will help determine if the provision of affordable housing has an impact on general health, mental health and known determinants of health.

This study is the first of its kind in Canada and results will help inform the development of future housing policies and programs. The study has benefited from a strong partnership with housing service managers in the cities of Hamilton and Toronto and the regional municipalities of Peel and Halton. These partnerships have been critical to the execution of the research so far and in the long run will help to ensure effective knowledge translation of this research.

Research Highlight

GTA West Housing and Health Study: Report on Establishing the Baseline Characteristics of the Participants

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Housing Research at CMHC

Under Part IX of the *National Housing Act*, the Government of Canada provides funds to CMHC to conduct research into the social, economic and technical aspects of housing and related fields, and to undertake the publishing and distribution of the results of this research.

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