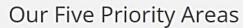
Affordable Rental Housing for Those in Greatest Need



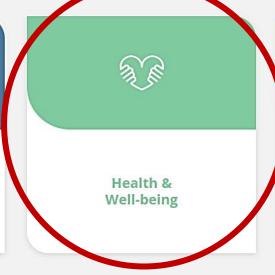








Housing Stability





Neighbourhood Opportunities & Connections

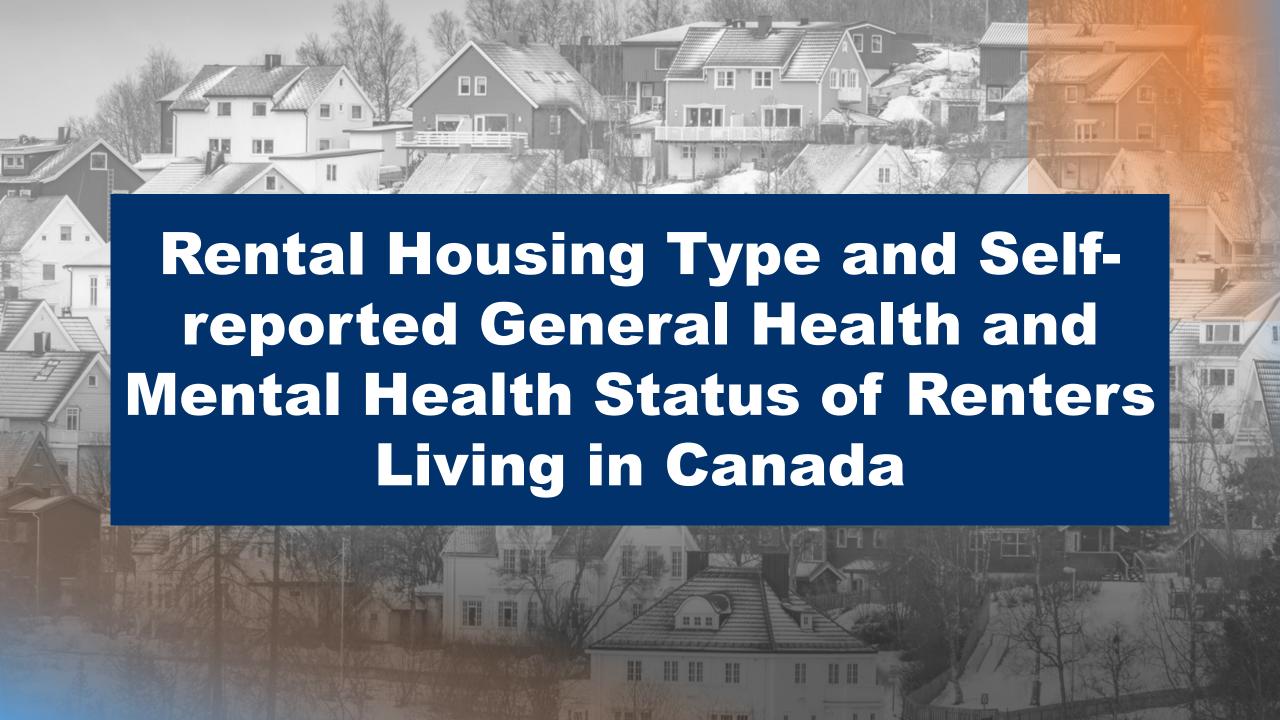


Housing Satisfaction & Condition



Economic Hardship



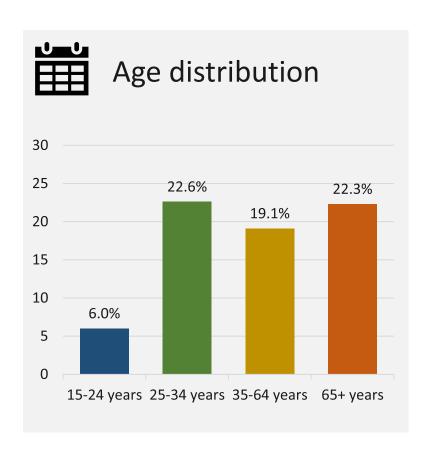


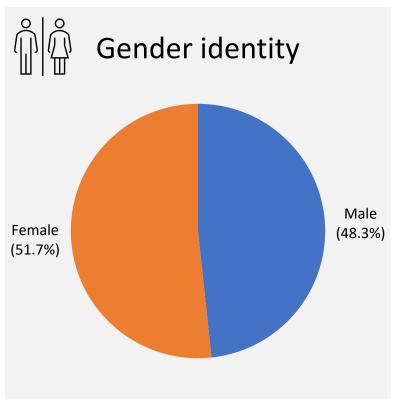
About the study

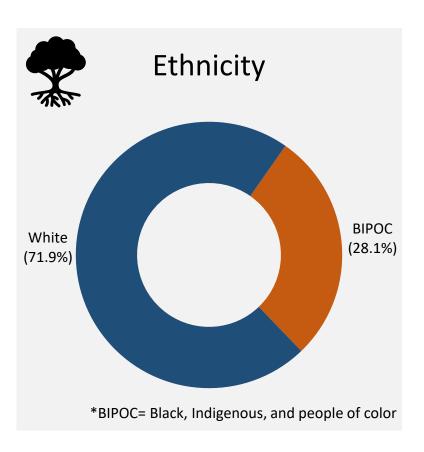


- Housing is one of the key social determinants of health and wellbeing
- By using Canadian Housing Survey 2018 data, our study identified the relationship between rental housing type and general and mental health status of tenants.

Profile of study participants







Total sample size for this analysis was; 26,371 (unweighted) 3,904,400 (weighted). All data presented are weighted.

Renters living in different types of housing

Co-operative

6.8%

Not for profit

3.1%

Government

6.5%

Private

83.6%



14.3% of renters live in subsidized rental housing

General health and mental health status of renters

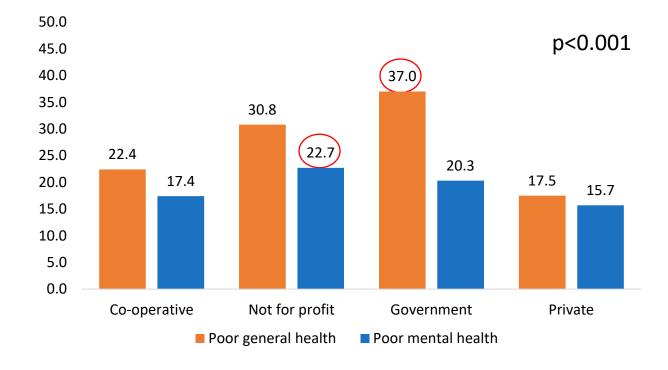




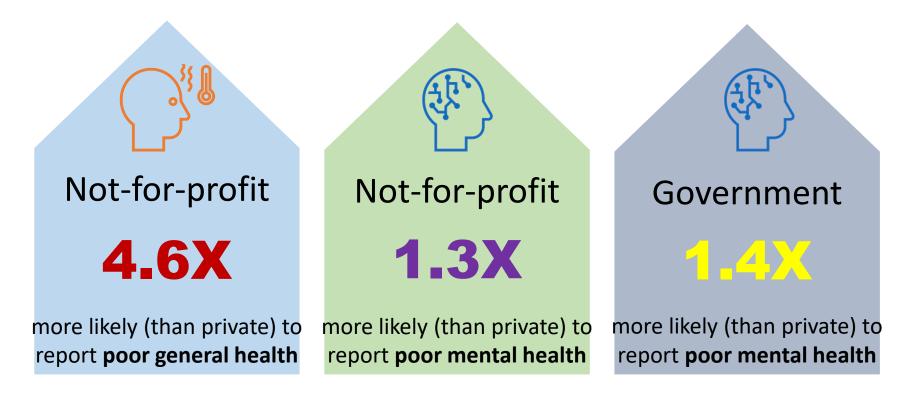
16.3%

Poor mental health

Prevalence of poor general and mental health status among renters based on landlord type



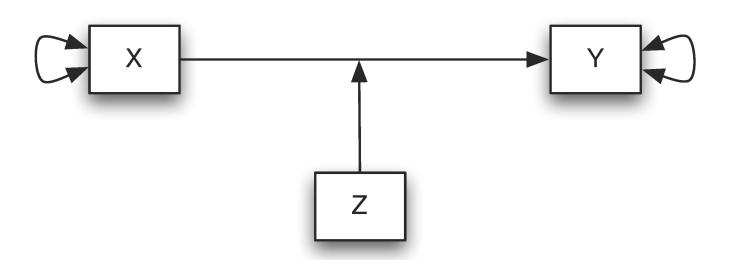
Association between landlord type and general health and mental health status





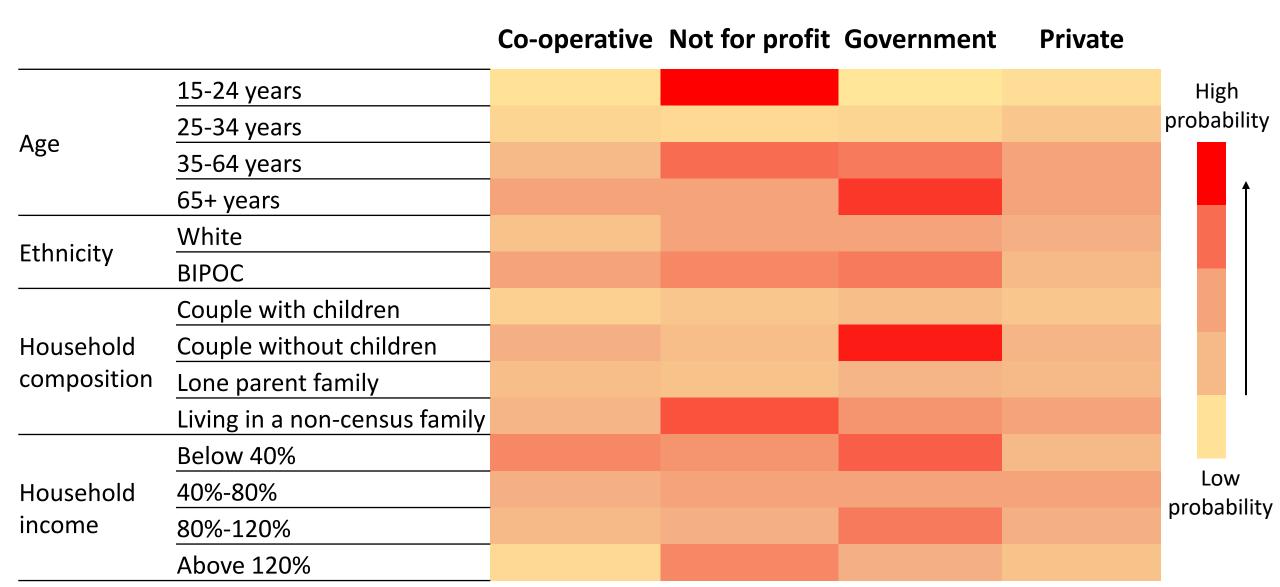
Renters living in a subsidized housing were more likely than those in non-subsidized housing to report poor general and mental health.

HOUSING and HEALTH EQUITY



Moderating role of a priori selected variables in the association between rental housing type and health status

Inequity in experiencing <u>poor general health</u> amongst dwellers of different types of rental housing



Summary: Which equity-seeking groups are at higher risk for poor general health by rental housing type



Co-operative

- 65+ years
- BIPOC
- Low income

Government

- 65+ years
- BIPOC
- Couple without children
- Low income

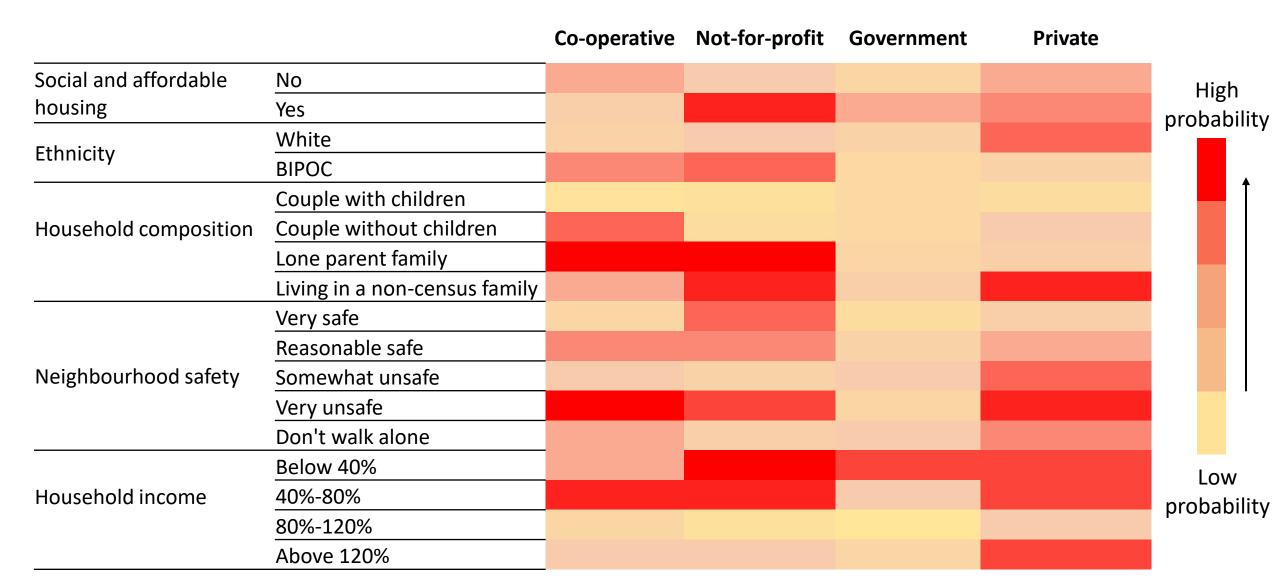
Not-for-profit

- 15-24 years
- BIPOC
- Living non-census family
- Income above 120%

Private

- 65+ years
- Living non-census family

Inequity in experiencing <u>poor mental health</u> amongst dwellers of different types of rental housing



Summary: Which equity-seeking groups are at higher risk for poor mental health by rental housing type



Co-operative

- BIPOC
- Lone-parent family
- Unsafe neighbourhood
- Low income

Government

- Subsidized
- Low income

Not-for-profit

- Subsidized
- BIPOC
- Lone-parent family
- Unsafe neighbourhood
- Low income

Private

- White
- Living non-census family
- Unsafe neighbourhood
- Low income

Take home messages

- About 1 in 5 and 1 in 6 tenants reported poor general health, and poor mental health, respectively.
- Tenants in not-for-profit housing were more likely to report poor health status, compared to those in private housing.
- Equity-seeking tenants (BIPOC, low-income) were more likely to report poor general health, and poor mental health.
- Tenants who identified their neighbourhood as 'very unsafe' were more likley to report poor mental health, compared to those in very safe neighbourhood.

Policy implications

- General health, mental health each is associated with rental housing (with or without subsidy) differently.
 - Not-for-profit housing and government housing are associated with tenants more likely than those in private housing, to indicate that their <u>overall health status</u> is poor.
 - Tenants in not-for-profit or private housing are more likely than those in government housing, to indicate that their <u>mental health</u> is poor.
- Not-for-profit and government housing are not completely able to serve the need of those in poor health; they need to provide additional services to their tenants (either directly or through partnerships with service providers).
- Some policy implications are not straightforward. For example, living in subsidized housing is not associated with overall health, but it is for those in not-for-profit housing in relation to mental health.
- Various eligibility criteria for housing tenancy is likely to play a role in determining the association with housing type and health.

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Your turn

Do these results align with what you know?

 What other policy implications would you identify that align with these results?



Any questions?





Thanks

