

## GTA West Social Housing and Health Study

In order to determine the outcome of housing investments, CMHC contributed funding to research examining the mental and physical health outcomes of affordable housing provision in Ontario.

This report sheds light on outcomes related to self-rated physical and mental health for participants on waitlists for rent-geared-to-income (RGI) social housing in the western part of the Greater Toronto Area.

### Project Overview

This study uses quasi-experimental methods to examine the self-reported health and wellness outcomes of RGI social housing. RGI units<sup>1</sup> are an important housing intervention to allow access to affordable rental units for individuals experiencing vulnerability. Researchers have linked the prohibitive costs of the rental market to poorer mental health outcomes and housing instability. The waitlists provided in partnership with the provincial and municipal governments created the conditions for a study to examine the self-reported health and wellness outcomes of individuals attempting to access social housing before and after the intervention.

### Research Methodology

Researchers used a prospective cohort research design, with one intervention group and a comparison (or control) group to isolate and measure the changes resulting from access to RGI housing. Researchers conducted initial interviews to establish a baseline for all participants, measuring three main health outcomes: 1) depressive symptoms, 2) non-specific distress symptoms, and 3) self-rated health. Participants who received RGI housing were assigned to the intervention group, while those who remained on the waitlist were assigned to the control group. Researchers interviewed the intervention group at 6-month intervals following the move in date, and the control group at 6-month intervals a year after baseline interviews.

<sup>1</sup> See <https://www.toronto.ca/community-people/employment-social-support/housing-support/rent-geared-to-income-subsidy/>

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- investments required for households in core housing need;
- market housing demand, supply gaps and affordability imbalances;
- racism and discrimination as a barrier to housing;
- the effects of climate change on housing;
- effectiveness of current housing policies and potential future policies; and
- working with Indigenous groups to understand their distinct housing needs.

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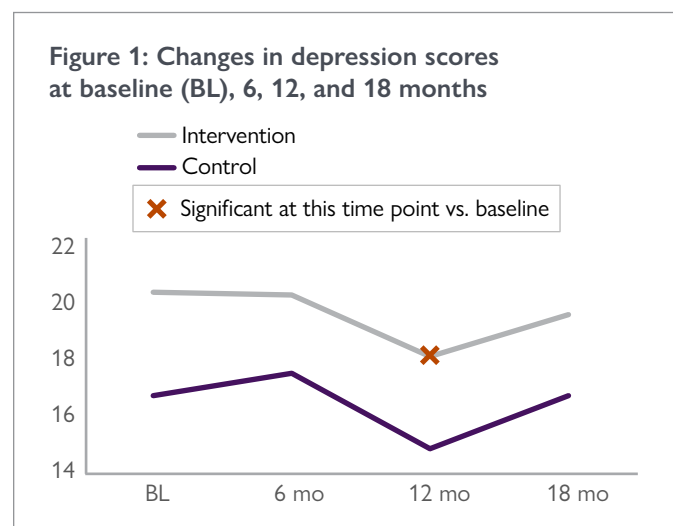


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## Key Findings

*Intervention group members saw improvements in depression, distress, and self-rated mental health at 12 months when compared to baseline data while the control group saw no significant changes.<sup>2</sup>*

**Depression:** The figure 1 below indicates that the intervention group participants saw a significant reduction in depression<sup>3</sup> at 12 months though the reduction does not persist at 18 months. There were no significant changes in the control group. The depression scores for the control group are consistently lower than the intervention group.<sup>4</sup>

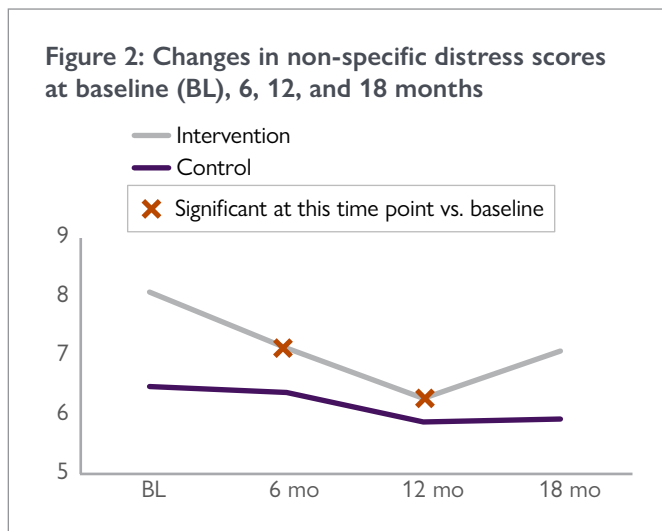


<sup>2</sup> Study authors identified depressive symptoms, symptoms of non-specific distress, and general health as their primary outcomes.

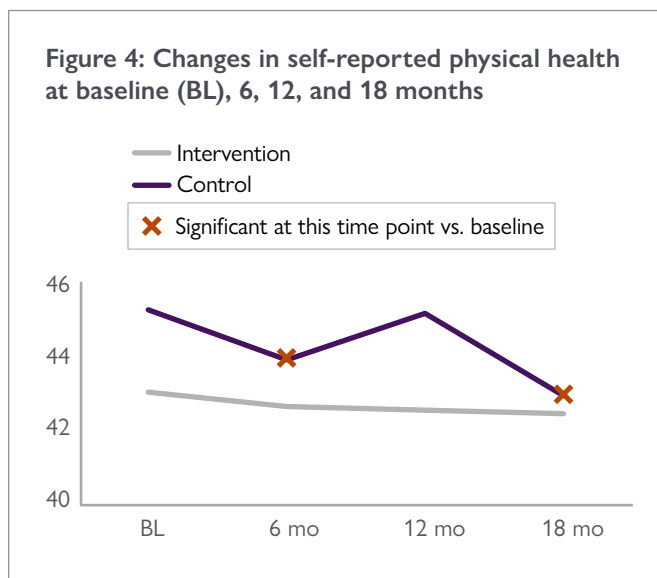
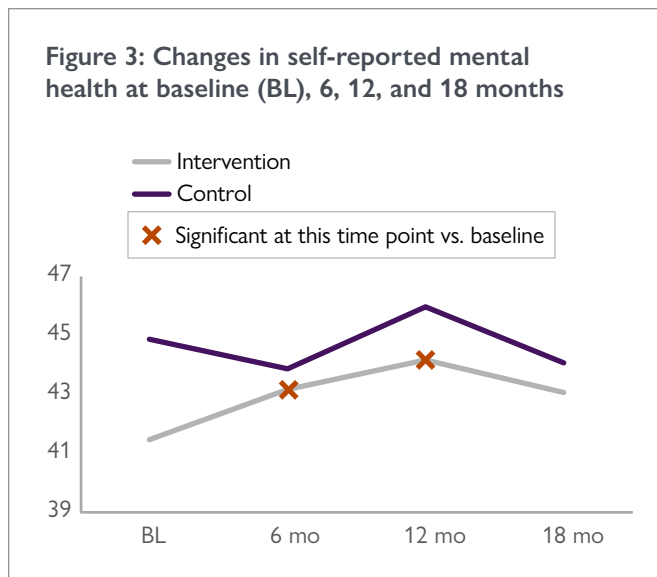
<sup>3</sup> Symptoms of depression were assessed using the CES-D scale, with a score ranging between 0 (best) and 60 (worse), and a cut-off typically recommended at 16 for depression. The CES-D scale is a screening tool for individuals at risk of clinical depression and is not a diagnostic tool.

<sup>4</sup> The adjusted longitudinal model followed a similar pattern, with no significant changes for the control group over time. The intervention group saw a significant improvement in depression scores at 12, but not 6 or 18 months.

**Distress:** Figure 2 below indicates that the intervention group experienced a significant reduction in distress<sup>5</sup> at both 6 and 12 months, though not at 18 months. The control group saw no significant changes.<sup>6</sup>



**Self-Reported Mental and physical health:** Figures 3 and 4 below indicates that the intervention group saw significant improvement at 6 and 12 months on self-related mental health, with no significant changes for the control group.<sup>7</sup> While the control group had worse self-reported physical health at 6 and 18 months compared to baseline, the intervention group saw no significant changes<sup>8</sup>.



<sup>5</sup> Symptoms of non-specific distress were assessed using the Kessler-6 scale, with a score ranging between 0 (best) and 24 (worse), and a cut-off point off point of 13 indicating serious psychological distress.

<sup>6</sup> Similar to depression, the adjusted longitudinal analysis found no significant changes in distress for the control group at any follow up period. The intervention group saw improvement at 6 and 12 months compared to baseline.

<sup>7</sup> In analyzing the adjusted longitudinal model for mental health, authors note a worsening of mental health among the control group at 18 months. In contrast, the intervention group saw improvements at 12 months. At all three follow-up periods, there was significant change between the control and intervention groups.

<sup>8</sup> The adjusted longitudinal model shows significant change in the control group, reflecting worsening physical health.

## Secondary Findings

*Those with worse health outcomes were more likely to receive social housing.*

Analysis shows that, at baseline, those who went on to receive housing (the intervention group) had more critical levels of need than the control group, indicating that the systems for allocating social housing are prioritizing people in greater need.

*Intervention participants receiving social housing experienced a drop in household income while participating in the study, but despite this, experienced greater affordability for household expenses.*

- Intervention group participants experienced a significant reduction in their monthly expenses at 6, 12 and 18 months. Correspondingly, they saw a significant increase in affordability (monthly housing expenses/monthly income), an increase in food security and met shelter costs with greater ease.

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## Fast Facts

This report links affordability to mental and physical health outcomes, with the following contextual information:

- Over **790,000 Canadian renter households** (almost 1 in 5 renters) pay more than **50% of household income** towards shelter costs, although the usual affordability benchmark is 30%.
  - Recent data suggests nearly **25% of Canadian households** pay more than **30% of their income** to shelter costs.
  - The number of **Canadian households considered in core housing need** is just under **1.7 million**. This represents a core housing need rate of 12.7%, with **Toronto having the greatest rate (19.1%)** of Canadian Census Metropolitan Areas.
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## Implications for the Housing Sector

- Improvements in affordability has links to better outcomes in mental health.
- Other programs related to the physical adequacy of a dwelling need to be examined in order to determine changes in physical health over time
- There may be potential to deliver more substantial mental health impacts for tenants with additional supports and services, whether they are delivered by operators directly or third parties.

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## For Further Reading

### *GTA Baseline Study*

<https://eppdscrmssa01.blob.core.windows.net/cmhcprodcontainer/sf/project/archive/publications/rhse-penrse/68516.pdf>

### *GTA West Social Housing and Health Study: Change Report*

[https://eppdscrmssa01.blob.core.windows.net/cmhcprodcontainer/sf/project/archive/research\\_6/gta-west-for-hkc.pdf](https://eppdscrmssa01.blob.core.windows.net/cmhcprodcontainer/sf/project/archive/research_6/gta-west-for-hkc.pdf)

### *Regent Park Revitalization Study, Phase 2*

[https://eppdscrmssa01.blob.core.windows.net/cmhcprodcontainer/sf/project/archive/research\\_6/regent-park.pdf](https://eppdscrmssa01.blob.core.windows.net/cmhcprodcontainer/sf/project/archive/research_6/regent-park.pdf)

## Glossary

**Rent-geared-to-Income (RGI)** housing is a housing subsidy offered to make rent affordable for households. Rent at a subsidized unit is set at 30% of a household's total monthly income before taxes and adjustments.

**Affordable housing** costs less than 30% of before tax (gross) household income. ([NHS Glossary of Common Terms, 2018<sup>1</sup>](#)).

**Adequate housing** does not require any major repairs, according to residents. ([NHS Glossary of Common Terms, 2018<sup>1</sup>](#)).

**Core Housing Need** households live in dwellings considered unsuitable, inadequate, or unaffordable, with income levels such that they could not afford alternative suitable and adequate housing in their community ([NHS Glossary of Common Terms, 2018<sup>1</sup>](#)).

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<sup>1</sup> <https://eppdscrmssa01.blob.core.windows.net/cmhcprodcontainer/sf/project/archive/publications/nhs/nhs-glossary-en.pdf>

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## Alternative text and data for figures

**Figure 1: Changes in depression scores at baseline (BL), 6, 12, and 18 months**

Time	Control	Intervention
Baseline	16.8	20.5
6 months	17.6	20.4
12 months	14.9	18.2
18 months	16.8	19.7

**Figure 2: Changes in non-specific distress scores at baseline (BL), 6, 12, and 18 months**

Time	Control	Intervention
Baseline	6.5	8.1
6 months	6.4	7.15
12 months	5.9	6.3
18 months	5.95	7.1

**Figure 3: Changes in self-reported mental health at baseline (BL), 6, 12, and 18 months**

Time	Control	Intervention
Baseline	44.9	41.5
6 months	43.9	43.2
12 months	46	44.2
18 months	44.1	43.1

**Figure 4: Changes in self-reported physical health at baseline (BL), 6, 12, and 18 months**

Time	Control	Intervention
Baseline	45.4	43.1
6 months	44	42.7
12 months	45.3	42.6
18 months	43	42.5