

# Health Research: A Door To Housing Rights

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## Introduction

Discussions about housing and health often proceed on separate tracks. Matthew Desmond's book *Evicted*<sup>1</sup>, is an exception. Following the lives of tenants, Desmond documents the impacts of eviction on tenants' mental and physical health. Landlords initiate evictions and in doing so are linked with tenants' health outcomes.

The UN provides specific safeguards for evictions, as part of its guidance on the right to adequate housing. In the context of evictions, Desmond's work describes a connection between health and the right to adequate housing.

Does this connection extend beyond evictions to other aspects of the landlord-tenant relationship? This submission contends that *determinants of health research (DOH)* is an important field for answering this question. This will be of interest to the review panel because *determinants of health research*:

- identifies groups of people who experience poor health outcomes. This is significant because the groups of people who experience poor health outcomes are aligned with groups of people who do not experience the right to adequate housing. It means that poor health outcomes and the right to adequate housing can be considered as the same issue. It also means that changes in *housing* that improve health outcomes will also register as the progressive achievement of the right to adequate housing.
- provides evidence of negative health outcomes that are related to four specific aspects of housing. These are areas to focus on in order to see improvements.
- documents the connections between business practices and poor health outcomes. This provides guidance for:
  - identifying activities in the purpose-built rental housing sector that may contribute to poor health outcomes and undermine progress in achieving the right to adequate housing.
  - collecting information to monitor and evaluate the effectiveness of the existing framework for regulating housing.
  - revising regulatory frameworks to support a purpose built-rental housing sector that is economically robust, improves health outcomes for tenants and progressively achieves the right to adequate housing.

The submission is presented in five parts:

- Part 1 discusses the convergence of *social determinants of health research* (Social DOH) and the *right to adequate housing*.
- Part 2 identifies how landlord activities are connected with health outcomes and human rights outcomes.

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<sup>1</sup> Desmond, M. (2017). *Evicted*. Penguin Books.

- Part 3 discusses whether the size of a landlord's portfolio of properties has any bearing on housing rights. This section also considers the utility of *commercial determinants of health research* (Commercial DOH) in the context of purpose-built rental housing.
- Part 4 introduces a framework that health researchers have developed during their study of Commercial DOH. The section also discusses the utility of the framework in the context of purpose-built rental housing.
- Part 5 provides the Review Panel with recommendations for the federal government to take that will progressively realize the right to adequate housing.

## Part 1: Convergence of social determinants of health research and the right to adequate housing

*Social determinants of health research* (Social DOH) studies the links between social factors and health outcomes. Social DOH has established links between negative health outcomes and specific population groups, including visible minorities, people who are gay, lesbian, bisexual, queer, or two spirited and people with low incomes<sup>2</sup>.

These specific groups align with groups that are recognized to experience discrimination in international human rights law:

“race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. . . . ‘Other status’ may include disability, health status (e.g., HIV/AIDS) or sexual orientation.<sup>3</sup>”

Human rights legislation in Canada includes people with disabilities and Indigenous people among the groups that experience human rights violations.

The alignment among these groups suggests that poor health outcomes in a specific population are indicative of human rights violations. Social DOH supports the claims of people who experience human rights violations.

Social DOH makes a further contribution by identifying specific characteristics of housing that contribute to poor health outcomes. Because the groups that experience poor health outcomes are coincident with groups that experience discrimination in human rights law, the characteristics of housing that contribute to poor health outcomes take on a particular significance in human rights claims.

There are four characteristics:

1. **Cost** – The cost of housing affects decisions about other expenditures, including paying for prescription medications and health care. Where housing costs are high compared to income, household heads have higher levels of stress and anxiety.

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<sup>2</sup> Here are two sources that speak to the content of Part 1 of this submission: [Housing As A Determinant Of Health Equity: A Conceptual Model](#) (in *Social Science and Medicine*) and [Housing As A Platform For Health And Equity: Evidence And Future Directions](#) (in the *American Journal of Public Health*)

<sup>3</sup> Office of the High Commissioner of Human Rights: [The Right To Adequate Housing, Fact Sheet 21](#), p. 10.

2. **Condition** – The quality of housing materials affect chronic health conditions. Asbestos and lead pipes are two known examples. Also, exposed wiring and poor maintenance contribute to trips and falls, especially amongst older adults.
3. **Consistency** – This is about stability. Evictions, foreclosures and other forms of forced moves contribute to anxiety and elevated stress levels. Consistency highlights living arrangements with the potential for an unplanned move, for example where landlords do not need a reason to evict sitting tenants.
4. **Context** – This refers to the features of a neighbourhood. Walkable neighbourhoods support healthy life choices, access to fresh food, places to meet neighbours and to exercise outdoors. When these features are missing, residents face higher levels of stress and live with a greater risk to personal safety.

It is argued here that one or all of these characteristics of housing are also grounds for making human rights claims as follows:

- The groups of people who experience negative health outcomes from housing conditions *are the same* as the groups of people identified as experiencing discrimination in human rights law.
- For people in these groups who experience poor health outcomes, the cost, condition, continuity and context of housing should be considered grounds for making human rights claims.

## **Part 2: How landlord activities are connected with health outcomes and human rights outcomes**

The previous section identifies four housing characteristics that may also be grounds for human rights claims. These grounds will be of particular interest to the review panel provided that they are connected with landlords in general and landlords in purpose-built rental housing in particular.

*All* landlords potentially have a direct role in each of the characteristics of housing described above: Cost, Condition, Consistency, and Context. Landlords are in a position to affect:

1. **Cost** - Landlords set the amount of rent charged and any subsequent increases or decreases in rent levels.
2. **Condition** - Landlords determine the level of building maintenance and upkeep on their properties.
3. **Consistency** - Landlords have the authority affect consistency through their ability to evict tenants.
4. **Context** - Landlords have the authority to affect context as part of the process of deciding whether to rent a unit to a tenant who applies.

This brief listing establishes that landlord actions are connected with health outcomes and human rights.<sup>4</sup>

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<sup>4</sup> Landlord power isn't absolute: landlords operate within a market that is shaped by legislation and regulation. As well, landlords can exercise discretion. They may choose different strategies depending on individual circumstances.

### **Part 3: Does the size of a landlord's portfolio of properties have any bearing on health outcomes and housing rights?**

There are some large landlords operating rental properties in Canada. Some of the best known are *real estate investment trusts* (REITs), which have been increasing their share of Canada's stock of purpose-built rental housing. REITs are not the only large businesses with sizeable housing portfolios. Does size matter?

*Commercial determinants of health research* (Commercial DOH) suggests that size could be an issue<sup>5</sup>. This field of research emerged while studying groups of people with higher rates of cancer, diabetes and other non-communicable diseases. Health researchers identified marketing and sales strategies that encouraged consumers to engage in unhealthy practices, such as smoking and drinking sugar loaded drinks. The companies paying for these marketing and sales strategies were very large businesses.

As the health research continued, it became evident that the large businesses were acting in multiple ways that added on to the poor health outcomes that were showing up in specific populations. Here are three business practices that have been documented:

- opposing the introduction of regulations to protect consumers in the legal system, arguing that it interfered with business operations.
- funding research which challenges evidence of business practices that contribute to poor health outcomes.
- supporting “grass roots” citizens’ groups to intervene in processes to set public policy<sup>6</sup>.

Health researchers identified two common elements across the illnesses they were studying. In every case, the actors were very large corporations. As well, there were marked declines in the health outcomes of people consuming the products.

This experience suggests that landlord size could have a negative impact on health outcomes for tenants. It certainly deserves concerted study. The four characteristics of housing that affect health outcomes (cost, consistency, condition and context) should be a starting point.

### **Part 4: A framework for the commercial determinants of health**

In their study of Commercial DOH, researchers have developed a framework for organizing and analyzing business practices. The framework is useful because it incorporates practices that are *directly* related to the production and sale of commercial products as well as practices that affect health outcomes *indirectly*.

*All* businesses that sell products to consumers engage in *direct* practices to improve their bottom line. For example, to improve income, businesses advertise their products. Businesses also engage in practices to keep the cost of their products as low as possible, for example by shifting the site of production to a place where labour costs are low.

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<sup>5</sup> This issue of *The Lancet* is relevant to Part 3 and 4 of this submission: [Commercial determinants of health](#)

<sup>6</sup> *Ibid*. See page 1201 for research that documented support from the tobacco industry that was directed to 82 groups in the UK.

Health researchers have identified multiple additional practices that are *indirectly* related to the production and sale of products. The three examples listed above in Part 3 are examples of *indirect* practices. Here are two more:

- making donations to community projects<sup>7</sup>, and
- intervening in processes to create regulations to protect consumers.

Health researchers found similarities in the *indirect* practices across product sectors. It also became evident that *indirect* practices have a bearing on health outcomes.

Health researchers started working on a mental map that could hold all the *indirect* practices that could potentially affect health outcomes. The result is a *Commercial DOH framework*, which incorporates all of the *direct* and *indirect* practices.

Health researchers have identified common features among the commercial actors that participate in *indirect* practices. The commercial actors are large. They have complex ownership structures. The complexity makes it more challenging to identify where the large organizations are directing their resources.

The *Commercial DOH framework* may have utility in the housing sector. Martine August and others have been tracing the activities of companies with large housing portfolios<sup>8</sup>. Like the companies studied in Commercial DOH, the corporate structures in companies with large housing portfolios are complex and multi-layered. There is also evidence of activity by large landlords across sectors in the housing market,<sup>9</sup> which is consistent with health research about the Commercial DOH. With these similarities, it is worth considering the utility of the *Commercial DOH framework* in the realm of housing.

## Part 5: Conclusions and Recommendations

Housing conditions influence human health. No less than four characteristics of housing can have a profoundly negative impact on health: cost, condition, continuity and context. Any or all of these impacts can abrogate the human right to affordable housing.

- Each of the four characteristics are affected by landlord practices.

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<sup>7</sup> The effects of donations can extend well beyond the value of cash contribution. One of articles in the Lancet's series about Commercial DOH discusses donations in the health sector (see page 1202). Here's an example of how this could play out in rental housing. A tenant learns that their landlord is planning to make a donation to an upcoming community celebration. The taps in the kitchen sink of the tenant's unit are leaking all the time. The tenant made a request six weeks ago to repair the taps. Nothing has happened. Knowing that a donation is in the works, the tenant decides not to follow up on their request to have the taps fixed.

<sup>8</sup> A list of research of this nature, which has been undertaken for the Federal Housing Advocate, can be accessed here: [Financialization of Housing](#)

<sup>9</sup> In addition to the purpose built rental housing sector, landlords with large portfolios are active the retirement home and long term care home sectors of the housing market: [The Financialization Of Seniors' Housing In Canada](#)

- Commercial DOH suggests that the size of the portfolio controlled by a landlord is pertinent to the tenants' realization of their right to housing.
- Commercial DOH suggests that landlords use direct and indirect practices to maintain and strengthen their business operations. These practices could negatively affect tenants and the broader community.

Based on the foregoing, there are actions the federal government should take to progressively achieve the right to adequate housing in purpose-built rental housing. The actions may be carried out by others, including provincial/territorial and municipal governments, civil society groups and businesses. Regardless of who carries out the action, the federal government can lead change in a way that enables all residents to realize the right to adequate housing.

*It is recommended that the federal government:*

- monitor health outcomes as an indicator of the progressive realization of the right to adequate housing
- articulate a vision for the right to adequate housing that includes the cost, condition, continuity and context of housing
- analyse health outcomes in relation to the current regulations governing the cost, condition, continuity and context of housing
- identify any activities of landlords that contribute to negative health outcomes for disadvantaged groups, and
- promote and support revisions to the existing regulatory framework to limit the negative health outcomes for disadvantaged populations.

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