Strengthening Evidence and Public Health Advocacy for Housing: In Collaboration with the Alberta Public Health Association (APHA)

Megan Thomas

10149844

Preceptors: Dr. Lindsay McLaren, Ms. Kenda Swanson, Ms. Angeline Webb

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**ABSTRACT**

**BACKGROUND**: The Alberta Public Health Association (APHA) is a provincial not-for-profit association representing public health in Alberta. The determinants of health contribute to health inequities, but policy decisions do not always address this. Public health advocacy is reliant upon organizations such as the APHA to inform public policy to ideally reduce health inequities and improve health outcomes.

**OBJECTIVES**: To strengthen the capacity of the APHA by: 1) ensuring housing is an appropriate area for the APHA to pursue policy advocacy; 2) synthesizing published materials on housing and health, specifically focusing on local contexts; 3) identify the key stakeholders in housing in Calgary and Alberta; 4) identifying opportunities for the APHA to participate in housing advocacy.

**METHOD**: This project utilizes diverse methods and activities, including (but not necessarily limited to): purposive search and synthesis of existing literature on housing; structured consultations with members of the APHA Board of Directors and the general membership, collaborative meetings with relevant groups, and identification and application of tools and resources for use in public health advocacy.

**RESULTS**: According to the policy window, roles of stakeholders, and recommendations, it is timely and important for the APHA to get involved by being proactive and using a health lens for a collective impact towards lasting social change.

**CONCLUSIONS**: Through a population health perspective, housing is multi-sectoral, transcends ministries and necessarily considers affordable housing as it pertains to everyone. Therefore, the issue presents a valuable advocacy opportunity for the APHA and should be acted upon accordingly.

BACKGROUND

 **What is public health, what sectors are involved?**

Public health is the organized efforts of society to keep people healthy and prevent injury, illness and premature death1. The mission of public health is to create environments in which people can be healthy, targeting entire populations rather than individuals2. Public health is concerned with the social determinants of health (SDOH) (i.e., social and economic factors influencing people’s health), and social inequities in health (i.e., systematic, socially-produced health differences between socioeconomic groups)3. The SDOH are a core concern of public health because they constitute the main factors contributing to health and well-being4.Public health is not limited to the healthcare system or the ministry of health, but rather transcends activities of diverse government ministries (e.g., education, labour), the private sector (e.g., corporations), and non-governmental organizations, including the Alberta Public Health Association (APHA)5.

**What is advocacy?**

Public health advocacy contributes to health, promoting systemic change by influencing policy processes1. Public health advocacy focuses on changing societal forces and pressures which foster unhealthy environments. Public health advocacy is a critical strategy for improving the health of populations; however, the public health community experiences challenges in advocacy resulting from tension when attempting to change the political sphere1. An upstream approach (i.e., looking at the root causes of health issues and seeking to address the underlying contributing factors) in public health advocacy requires recognizing health is reflective of social conditions, and thus advocacy in public health is inherently political6.

**What is the APHA and where does it fit?**

The APHA is a provincial non-profit association representing public health in Alberta7. The APHA aims to strengthen the impact of those promoting and protecting public health by advocating on health issues, and facilitating educational/networking opportunities for members7. The APHA achieves its mission by collaborating with organizations including the Canadian Public Health Association, Alberta Recreation and Parks Association and the National Collaborating Centre for Determinants of Health. Collaboration allows various organizations to: maximize resources, create supportive networks of individuals working towards population health and health equity, and work together to achieve those goals, i.e., a collective impact approach7. The APHA has strong partnerships for activities concerning behavioral determinants of health (e.g., tobacco, nutrition)7. A priority is to strengthen collaboration and activities within the SDOH, a key impetus for this practicum project.

**What is the research-advocacy interface?**

Public policy implicates population health, and evidence-informed advocacy can act to improve and inform healthy public policy8. To use research knowledge appropriately and effectively, the knowledge must be understood by those who have the capacity to act upon said knowledge, i.e., policy makers and the public. Therefore, organizations need to effectively translate research evidence into policy.

The connection between research evidence, policy, and advocacy is not straightforward. A key challenge is that the three are related in complicated ways and research rarely translates linearly into policy6. The decision making context (i.e. prevailing government and public views, policy window(s) and stakeholders) may determine whether, or the extent to which, policy is evidence-based6. When organizations advocate for evidence-based policy they must be cognizant of political contexts and adapt their approach accordingly6.

 **Purpose**

The purpose of this project is to strengthen the APHA’s capacity to participate in evidence-based advocacy on the SDOH. This project is situated at the research-advocacy interface to inform and improve healthy public policy.

In collaboration with the APHA’s Board, we decided to focus on the topic of *housing*. We identified housing as an important determinant because (1) housing is known to affect health3 and (2) there is a policy window in which all three levels of government are potentially supportive of efforts to improve the housing environment9.

**Objectives**

Specific project objectives are:

1. To ensure housing is an appropriate area for the APHA to pursue policy advocacy;
2. To synthesize published materials on housing and health, specifically focusing on local contexts;
3. To identify the key stakeholders in housing in Calgary and Alberta;
4. To identify opportunities for the APHA to participate in housing advocacy.

METHOD

This project uses a combination of primarily qualitative methods, including: consulting and synthesizing peer-reviewed literature, reports, and other grey literature resources of key stakeholder organizations; application of tools for housing advocacy; attending APHA meetings and engaging with the Board; and attending meetings of relevant social sector organizations focused on housing. Methods corresponding to each objective are as follows:

*1)* The APHA is presented with many opportunities to take action on public health issues; therefore, they require a system to quickly make decisions about which issues to focus on. A filtering system is used to prioritize areas for potential advocacy action, for unexpected issues (reactive advocacy), as well as to guide any new issues taken on (proactive advocacy).

We created a filtering system for the APHA, designed to facilitate systematic decision-making on advocacy issues. We based this system upon an existing filtering system by the Canadian Society for International Health (CSIH). I circulated the first filtering system draft for the 11 APHA board members to review. Following each member’s review of the document, I arranged individual phone conversations (or tracking changes via email) for the board members to give suggestions, address concerns and any recommendations they had for these concerns. After consideration and compilation of the individual comments, the system was revised and recirculated for a final review. We applied the final version to the issue of housing.

For membership analysis, we used data from a member survey administered during February-March 2017, using the SurveyMonkey interface. The survey link was included in the February 2017 quarterly APHA e-newsletter, and 2 additional reminders were sent via email. We focused on data regarding members’ areas of passion in public health and which topics they felt should be priorities for the APHA. We exported the data from SurveyMonkey to SPSS to develop a bar chart depicting member interests.

*2)* Because the literature on housing and health is voluminous, we took a purposive approach and focused on review articles and book chapters already known by members of the research team to be highly relevant to housing as a public health issue relating to health outcomes. We did additional research to ensure local relevance by seeking out sources such as the Homeless hub’s Calgary community profile, and municipal government documents for Calgary.

*3)* I reviewed government reports and local websites as well as meetings with Calgary’s Community Housing Affordable Collective (CHAC). There was additional collaboration with Dr. Katrina Milaney (Assistant Professor, Dept CHS), an APHA board member ideally positioned to connect myself with relevant communities, including Ms. Jennifer Arntfield (Coordinator, Policy and Strategy, Affordable Housing). Both were ideal collaborators, because they are well-versed on how housing relates to health, as well as the need for political intervention.

*4)* I reviewed documents and websites of local government and non-government groups targeting housing for potential involvement opportunities for the APHA. Specifically, we looked for areas where ‘health’ was not mentioned but could have been, representing an opportunity for the APHA to participate. Additionally, we sought potential collaborative opportunities with local organizations already involved in housing to better understand the housing advocacy landscape.

RESULTS

*1)*I received, compiled, and incorporated feedback on the initial draft of the filtering system from 11 board members onto the final version (Figure 1). We applied the filtering system to the issue of housing to ensure housing was a suitable area for APHA focus, and assess its utility. We found housing was a suitable area for APHA focus, based on responses of “yes” to all considerations in the filtering system (Figure 1).

The member survey data displayed membership passion and interest in areas of public health as most concerned with the SDOH, Population Health and Health Equity (Figure 2). Because housing is strongly and prominently connected with the three, we can feel confident that our APHA membership is supportive of housing advocacy engagement.

*2)* **Housing and health: short review of published materials**

Poor housing can result from overcrowding, poor ventilation, inadequate food and refuse storage, unmet safety standards, lead paint and inadequate heating or cooling regulation, among other reasons such as sanitation, and landlord-tenant dynamics3. Poor housing can induce inadequate nutrition, thereby harming childhood development, resulting in subsequent poor health in adulthood10. Poor housing also presents risks to mental health, including psychological distress from poor living conditions, inability to pay rent and socialization issues10. Neighbourhoods are also a significant contributing factor to health outcomes. Area-level socioeconomic variables (i.e., affluence), social cohesion, level of perceived safety, food deserts, level of stability and access to green spaces and parks among other factors contribute to health outcomes3.

**Key issues**

Housing is a basic human right according to the UN; however, in 1993 the Canadian federal government ceased regulation of affordable housing which has been detrimental to its availability11. Canada remains the only industrialized country without a national housing strategy11. According to the Calgary Corporate Affordable Housing Strategy (CCAHS), around 75% of the population are adequately served by the private housing market9. This means approximately 25% of the population are inadequately served by the private housing market in Calgary9,11.including the homeless and the precariously housed. Calgary has fewer non-market housing units, relative to population size, than other Canadian cities, meaning we are behind11.

Private property developers focus on building luxury homes for affluent individuals, because they are primarily profit-driven3. Government regulation and zoning is essential for preventing further expansion on luxury homes at the expense of affordable housing3.Gentrification presents challenges to existing modest earners ability to afford living in modest areas, and areas with poor reputations or locations are ignored by developers, enhancing the issues of these areas. Deregulation leaves tenants with few rights and does not incentivize property developers to produce affordable housing3. The housing boom is a significant contributing factor to poor health, as housing is a relatively fixed cost and people must pay rent/mortgage before they can pay for other necessities, such as food. Middle- and low-income earners face fewer housing choices at higher prices, forcing some into poor quality neighbourhoods, or into homelessness3.

In Calgary, 14,000 households are at risk of homelessness, and on any given night approximately 3,500 Calgarians are homeless9. A primary issue of ending homelessness is the use of a “one-size-fits-all” approach which fails to recognize the diverse population11. A broad-based response prevents clients with complex needs, or those requiring a specific response (e.g. individuals leaving a correctional facility), from a supportive pathway out of homelessness. This lack of system connectedness and system integration reinforces homelessness11.

Overall, the main problem is the lack of affordable housing. Lack of affordable housing stems from issues with private sector development incentives, lack of a national housing strategy, insufficient provincial regulations, insufficient federal and provincial funding for housing, aging properties (existing stock needs maintenance), outdated programs and expiring funding arrangements. Lack of affordable housing yields additional challenges for those experiencing and transitioning out of homelessness, specifically, silos in service delivery, resulting in inefficiencies and duplication of services, and thus creates and exacerbates bottlenecks and unmet demands9.

*3) and 4)* **Potential Solutions and Stakeholders, and opportunities for the APHA:**

To create a foundation for APHA housing advocacy, we must consider the context; particularly, the potential for policy change. Then, we should consider potential stakeholders, i.e., who is involved, and their roles. Next, we should consult legislation to see previous steps to combat housing problems, and what steps have yet to be taken. Published materials have developed recommendations for housing action, and we can examine these materials to identify points of overlap, and opportunities for the APHA.

**Policy window**

There is a policy window, whereby all three levels of government are concerned with, and supportive of investments in, housing. Specifically, the 2017 Federal Budget allocated $11.2 billion over 11 years for the implementation of an inclusive National Housing Strategy, after 30 years of disinvestment13. This is a significant improvement, displaying strong commitment to affordable housing. A new Alberta provincial affordable housing strategy is under development. There have been regional engagement sessions to inform development of a provincial affordable housing strategy, and to revise regulations in the Alberta Housing Act. Finally, at the municipal level Canadian cities including Vancouver, Regina and Toronto are discussing or have already implemented efforts to improve affordable housing. Therefore, it is timely for Calgary to do the same, and there are indications of this occurring.

**Stakeholders**

The stakeholders involved in affordable housing can be grouped into public sector, private sector, and non-profit organizations. Their roles are outlined in Table 1. Because of the very close relationship between poverty and housing, non-profit poverty reduction groups are also relevant; for example, Vibrant Communities Calgary14. The APHA is another non-profit group that is not currently involved, but could be.

**Relevant legislation/foundational documentation**

There are several pieces of legislation relevant to the issue of housing. At the provincial level, the Alberta Housing Act deals with subsidized housing15. Under this Act, management bodies are provincially approved to operate subsidized housing in communities across the province. The Alberta Municipal Government Act allows and empowers Albertan municipalities to shape their communities. Moreover, this Act is responsible for determining infrastructure and services within municipalities, and the costs affiliated with them16. The Alberta Public Health Act is relevant to consider in terms of housing regulation, outlining housing and health standards and expectations for rental accommodations17. At the municipal level, existing city plans include the City of Calgary Action Plan (2015-18) and Calgary’s Municipal Development Plan (2009)18,19. The Action Plan guides the development of municipal plans and budgets, and the Development Plan evaluates proposed developments and directs growth.

**Recommendations**

We reviewed published materials with different lists of potential solutions/ proposals and strategies for the issue of housing, specific to Calgary. We considered the CCAHS9, the Enough For All Strategy14, the Homeless Hub11 and the Calgary Homeless Foundation20; along with the National Housing Strategy presented in the 2017 Federal budget13. We synthesized recommendations to identify areas of overlap which may constitute the highest priority areas for action. We considered primary suggestions from each source and displayed the level(s) of government responsible for each recommendation to state accountability (Table 2).

Collectively, the recommendations illustrate the complex, multi-sectoral nature of housing. Municipal recommendations ranged from improvements in downstream service delivery to those experiencing and transitioning out of homelessness, to upstream and sustainability-oriented efforts including incentivizing private developers to build affordable housing, acquiring land for affordable housing, and leveraging provincial funding for affordable housing investment. Increased funding for housing is a common recommendation for provincial and federal levels of government; however, other roles are evident also. The province is responsible for other areas of social policy, and recommendations around living wages and employment supports are recognized as intimately connected to housing.

Finally, recommendations falling under multiple levels of government primarily involve collaboration between the three levels of government to work towards a comprehensive affordable housing framework, pooling resources and land control. Ultimately, recommendations urge government stakeholders to put their roles to action, and accountability to maintain and achieve the responsibilities of their respective roles.

**Opportunities for the APHA**

In our reviewed published materials, health is not explicit amongst the reasons why affordable housing is important. The APHA could add their voice here in a valuable way. Much of the opportunity for the APHA to contribute will come from connection to stakeholder groups already engaged in these issues, ensuring the APHA can be knowledgeable about current action(s) and contribute to a collective voice. By doing so, the APHA will be proactive and aware of upcoming policy changes that provide opportunity for advocacy/input. The recommendations (Table 3) represent several issues that could provide opportunities for advocacy.

Since the APHA is a provincial organization, our first priority is provincial-level action (Table 3). The municipal government plays many important roles vis-à-vis housing. The APHA could speak on municipal efforts in Calgary and Edmonton; and in smaller municipalities as appropriate. As funding and strategic directions at the federal level constitute a foundation for local housing issues the APHA should speak up on federal housing efforts. Finally, the APHA must be cognizant of the inter-governmental nature of these issues, and support efforts such as expiring inter-governmental agreements (e.g. around rent subsidies).

DISCUSSION

 We discovered that housing offers an excellent example of a population health perspective, being multi-sectoral, transcending ministries and necessarily considering affordable housing as it pertains to everyone. The population ranges from those adequately served by the private housing market, to those requiring affordable options within the private sector, to those experiencing or transitioning out of homelessness.

The APHA has a responsibility for public health advocacy, and they do not have the same political restraints different levels of government have. Therefore they are able to freely speak on behalf of health, so they should accept this role to address housing as a population health issue. The current policy window demonstrates government activity at different levels, including a new national housing strategy. Therefore, it is timely and important for the APHA to get involved for a collective impact towards lasting social change.

Limitations of this project included our focus on local contexts. We intended to develop a comprehensive account; however it may have been beneficial to compare provinces/territories to one another to assess relative standings (on affordable housing), so perhaps future work could address this. Potential biases may have arisen because the research team already maintained a population health perspective prior to the project. I feel, however, that the breadth of individuals involved throughout allowed for a wholesome approach despite potential biases.

Through this project, we enabled future actions. Collaboration with other local non-profit groups targeting affordable housing, and attending their meetings would increase the likelihood of a collective impact. Ideally, an individual would liaise between the groups, to effectively communicate individual recommendations, while supporting collective change. We hope to develop an evidence brief on affordable housing and an APHA resolution to present at the AGM. We hope to develop an advocacy plan, providing specific action items for the various stakeholders involved, to clearly display the roles and responsibilities for stakeholders in the context of affordable housing.

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