



*Alliance nationale pour les enfants*

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*National Children's Alliance*

## **Housing as a Social Determinant of Health**

**Policy Brief prepared for the Middle Childhood Initiative  
of the National Children's Alliance**

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Note: The opinions expressed herein are those of the author and not necessarily those of the United Nations Association in Canada, nor its funders

**Funding for the Middle Childhood Initiative provided by a grant from  
Human Resources Social Development Canada, Community Partnerships Branch**

**Housing as a Social Determinant of Health: Policy Brief Proposal**  
**Submitted by the United Nations Association in Canada –**  
**Healthy Children, Healthy Communities Project**

Housing affects all aspects of one's development. As a social determinant of health, housing impacts one's ability to achieve optimum health potential in myriad ways. Indeed, the World Health Organization's *Commission on the Social Determinants of Health* recognizes poor housing as one of the main determinants of health<sup>1</sup>. Examining housing conditions of 6 - 12 year olds serves the broader family since children are not independent of a family in this age group. In fact, this brief will reference the family as a whole since it is the family that cares for children in the middle childhood range and the two are inseparable. This brief will explore the main components of housing as a social determinant of health.

Housing relates to our development in the middle childhood years especially since it becomes the main environment where kids will spend most of their time away from school. If the home environment is conducive to healthy development one might expect, for example, that kids will be able to sleep through the night with fewer interruptions. An uninterrupted sleep allows kids to focus more on day-to-day activities, especially school activities and thus increases learning opportunities. Furthermore, housing is tied to school learning since it is most often the home environment where children must have access to a quiet place to study and complete homework assignments. Middle childhood success in school sets the foundation for continued positive school outcomes such as educational success. Education is directly tied to health and is a health predictor since numerous reports tie education to positive health outcomes<sup>2</sup>. In particular, for children in the 6-12 year old age range, being able to do well in school is important since it sets up school success at later stages leading to better ability to attain future success. The Healthy Children, Healthy Communities project commissioned a literature review of available research on the social determinants of health, which concluded, "schooling is important not only for the development of education and literacy, which are recognized as determinants of health<sup>3</sup>, but for its important influence on socialization and developmental processes<sup>4</sup>.

The HC<sup>2</sup> Literature Review cites Statistics Canada, which states that the “development of socialization skills and habits during the 10-14 year period has a definite impact on health, both during the school years and in later life.<sup>5</sup>”

Housing impacts one’s health in many ways such as: whether there is enough space for all family members to live comfortably, whether children live in neighbourhoods where it is safe enough to play outside, and also how the house is built and whether it has the necessary physical conditions to ensure a healthy environment.

Availability of living space a critical issue, which affects many Canadians. For example, Aboriginal families may share the same space and house several generations including grandparents, parents, children and extended relatives. Similarly, in immigrant communities, many family members may often share the same accommodation since it is often unaffordable for these family members to seek out independent space. Having enough space for a family to avoid crowding when they share lodging is a key factor to health since family togetherness effectively fosters further opportunities for families to share teachings, cultural traditions and resources. Finally, further research needs to examine how lack of space affects families, particularly in urban settings where it is not uncommon for families with children to rent out apartments designed for single occupants due to lack of affordable housing.

Recent research conducted by Simon Fraser University PhD candidate Lisa Oliver, published in the Canadian Journal of Public Health, highlighted how the “prevalence of child and youth overweight in Canada is inversely and statistically significantly related to neighbourhood SES.<sup>6</sup>” Oliver’s research found that in neighbourhoods where the socio-economic status (SES) was high that 24% of the kids were overweight, and in low SES neighbourhoods the prevalence of being overweight jumped to 35% of kids. This variation in statistics presents a link between low SES neighbourhoods, which are often deemed unsafe due to a perception of a higher prevalence of illegal activities. In areas where parents viewed the neighbourhood to be unsafe for kids to play outside on their own, many kept their children indoors where they could remain safe and in view of their

parents' watchful eyes. Staying inside typically means less time for physical activity, and often kids spend more time indoors watching TV, playing video games and surfing the Internet.

The home is widely regarded as the most dangerous place for kids since it is where most childhood accidents occur. This is true of all childhood homes, but it is even more dangerous in poor housing situations since there are higher incidents of dangerous accidents due to poorly built environments and exposure to household environmental contaminants such as mold or toxic chemicals including lead.

Furthermore, housing is directly tied to family income. If a family is unable to pay the rent they will not have a place to live. Single mothers face further hardships in trying to provide all basic necessities (including housing) for their children, and their challenges are well documented throughout Canada in reports by groups like the Public Health Agency of Canada and the Campaign 2000 network<sup>7</sup>. Similarly, the working poor face issues in housing. For example, if they pay more than 30% of their income on rent then they are forced to choose between this necessity and others such as food and utilities.

Many recent policies have affected the ability of Canadians to find safe and affordable housing. Canada and most provinces terminated their social housing programs in the 1990s, and the majority of provinces demonstrate trends to reduce and eliminate social assistance. Finally, homeowner wealth continues to rise while home renters face increasing disparity as Statistics Canada reported an increase in homeowner wealth "from 29 times in 1984, to 70 times in 1999."<sup>8</sup>

This policy brief explored the negative effects of poor housing on children, and recommends that the government of Canada, its provinces and municipalities restore and increase funding for affordable social housing. Ultimately this recommendation if brought to fruition will demonstrate a positive impact on the middle childhood age group by allowing kids aged 6 -12 the opportunity to live in a safe environment no matter what their family income and social status. In this policy brief, housing is presented as a

social determinant of health, which illustrated the links between housing, additional social factors, and health of the family with a focus on children in the middle childhood years.

Canada has signed onto numerous United Nations covenants such as the Universal Declaration of Human Rights in 1948, the International Covenant on Economic, Social and Cultural Rights, the United Nations Declaration of the Rights of the Child (1959), and the Convention on the Rights of the Child (1989) declaring its support of housing, and children's rights to housing. In light of these international commitments and the fact that Canada has reported surpluses over the past eight consecutive years, Canada, the provinces, and municipalities have the opportunity to be a leader in providing safe, affordable housing for all Canadians.

### **Affordable Housing Policy Recommendations**

1. Restore and increase investments to build affordable housing from tripartite governments (federal, provincial and municipal levels)
2. We support the Campaign 2000 network's recommendation to build 25,000 units of affordable housing every year over the next five years
3. Designate incentives for developers to incorporate social housing in commercial developments
4. Ensure that zoning of recreational and family centers, and child-friendly services are considered in relation to their proximity to areas where low-income families typically reside, and ensure they are also close to affordable housing sites.

### **Positive Effects**

1. Further pride and community cohesiveness amongst families who have access to affordable housing

2. Offset further costs in medical dollars as healthy housing has the effect of creating healthy communities and supporting children to reach their optimal potential

3. Supports kids by ensuring access to safe home environments and thus provides a leveling effect as low-income kids can enjoy the same benefits as other Canadians.

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<sup>1</sup> World Health Organization website [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/).

<sup>2</sup> Canadian Council on Social Development, Housing Conditions and Child Development. Ottawa: CCSD, 2001.

<sup>3</sup> Federal, Provincial, and Territorial Advisory Committee on Population Health (FPTAC-PH), *Toward a healthy future: Second report on the health of Canadians*, 1999; FPTAC-PH, *The opportunity of adolescence: The health sector contribution*, 2000.

<sup>4</sup> Statistics Canada, (socio-economic database), CANSIM, 2005.

<sup>5</sup> Statistics Canada, 2005.

<sup>6</sup> *Canadian Journal of Public Health*; 96(6):415-20, 2005.

<sup>7</sup> Campaign 2000, Report Card on Child Poverty in Canada, *Decision Time for Canada: Let's Make Poverty History*, 2005.

<sup>8</sup> Public Health Agency of Canada report: *The Social Determinants of Health: An Overview of the Implications for Policy and the Role of the Health Sector*, 2002.