

Beyond Whether: Why, How, for Whom & Under What Conditions

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St. Michael's
Inspired Care.
Inspiring Science.

Regent Park Background

- home to 2,083 households & 7,500 people b/f demolition
 - Phase 1 will grow from 418 to 800+ households
- one of Canada's oldest and largest public housing developments
- built in late 1940s / early 1950s based on 'Garden City' design principles
- \$1B+ demolition & redevelopment over next 10-12 years in 6 phases. New community will:
 - be mixed income: owners & subsidized renters
 - use modern principles of urban design (new urbanism)
 - implement 'social development plan'

History

Circa 1930



Regent North and South







Community



- 7,500 people
- 100% rent-geared-to-income
- 65% in Canada less than 10 years
- 3.6 children per household
- 41% under 16 years old
- 5% seniors
- \$15,000/year average income
- Diverse, multiple languages

Regent Park Revitalization - Master Plan and Phasing



Regent Park Phase 1 : What it looks like



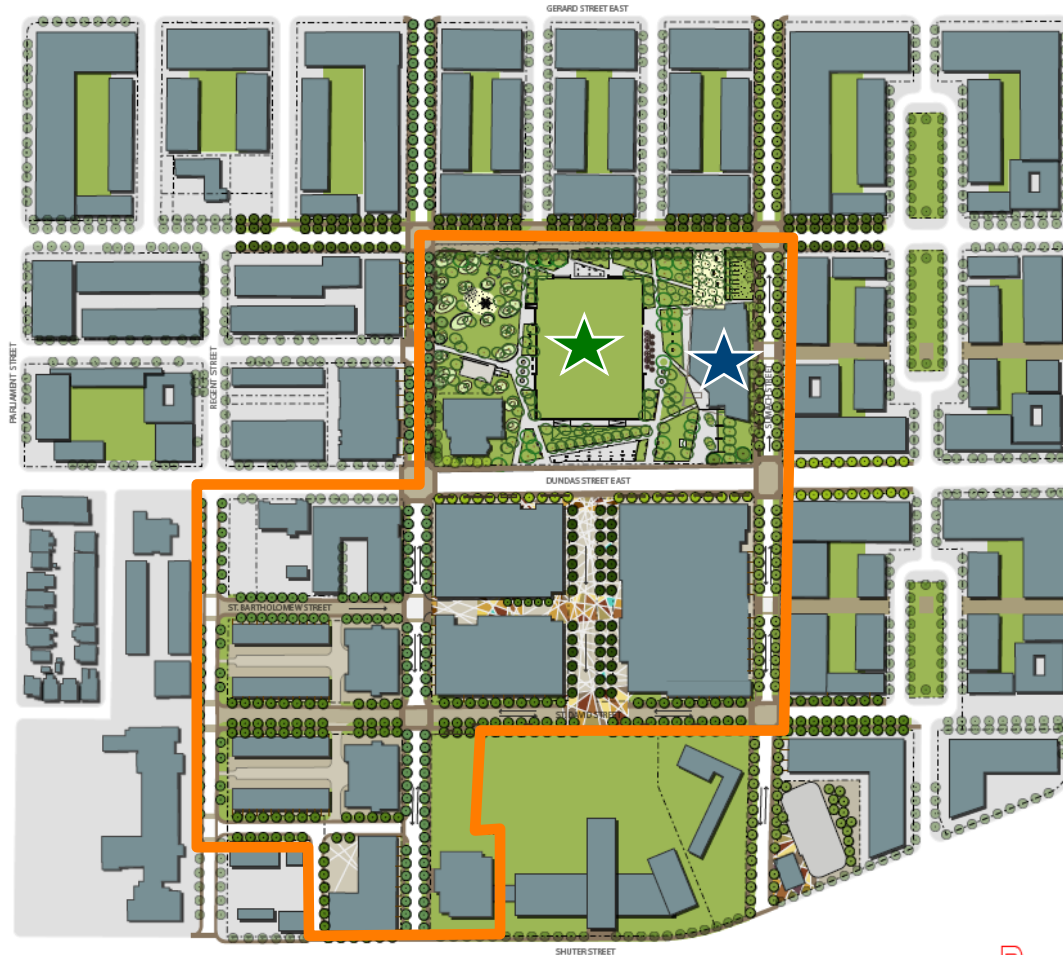
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CONDOMINIUMS AT DUNDAS & PARLIAMENT



Daniels
love where you live™

Master Plan Phase 2: Key Features



- Range of buildings
- New streets: reconnecting Regent
- New facilities



Indoor pool



Central Park



Study Objectives

- **Primary Objective:**
 - to determine if adults (18+) who move from relocation housing to the new Phase 1 show significant improvements in depressive and anxious symptomatology (the 'common mental disorders'), and general health status;
- **Secondary Objective:**
 - to determine if adults (18+) who move from relocation housing to the new Phase 1 show significant improvements in other social determinants of health (e.g., housing satisfaction, neighbourhood satisfaction, fear of crime, etc.);

Regent Park Housing and Health Study

- partnership b/w CRICH (SMH) and:
 - Toronto Community Housing (TCHC)
 - Regent Park Neighbourhood Initiatives (RPNI)
 - Regent Park Community Health Centre (RP-CHC)
 - Toronto Christian Resource Centre (TCRC)
 - Canada Mortgage & Housing Corporation (CMHC)
 - Ministry of Municipal Affairs and Housing (MMAH)
 - tenants of Regent Park
- multidisciplinary research team
 - geography, social epidemiology, child development, medicine
- Funding from Canadian Institutes of Health Research, MacArthur Foundation, MMAH, CMHC
- prospective cohort design, with comparison group

Why focus on mental health?

- Mental health problems are 2nd leading cause of disability in affluent societies
- Common mental disorders
 - “are associated with impairments in physical and social functioning at least as severe as those associated with physical illness” (Weich 1997, 757)
 - combined community prevalence of 15-30%
 - account for 1/3 of work days lost to illness and 1/5 of general practice consultations in the UK
- High prevalence in the community
- Major community concern

Other questionnaire topics

- Employment and income
- Educational attainment and participation
- Social support
- Social inclusion
- General health status
- Symptoms of depression
- Symptoms of anxiety
- Health behaviours (smoking, diet exercise)
- Chronic conditions
- Unmet need for health care
- General and work stress
- Stressful life events
- Housing satisfaction & meaning
- Neighbourhood satisfaction
- Psychological sense of community
- Social cohesion / trust
- Life satisfaction
- Perceptions of crime and safety
- Children - strengths and difficulties questionnaire
- Faith and religiosity

Phase 1 & 2 Sampling & Data

- Phase 1 Baseline: n=60 interviews with people while living in temporary housing
 - Response rate: roughly 20%
- Phase 1 follow-up:
 - 39 ppl completed follow-up 1 year after new housing
 - 2 ppl lost to follow-up
 - 19 still in relocation housing
 - E.g., declined to move to RP, left housing, waiting or deferred indefinitely
- Phase 2 Baseline: n=153
 - Of these, 64 have moved directly to new housing in RP
 - Remainder are in relocation housing

Sampling and data



OLD REGENT PARK

PHASE 1
(complete)

PHASE 2
(in progress)

153 – first
interviews



RELOCATION HOUSING

60 – first
interviews



NEW UNIT

39 – second
interviews

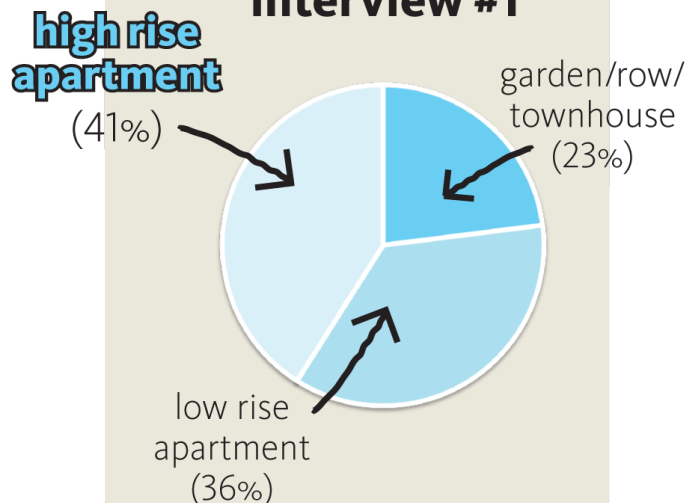
64 – second
interviews so far

Demographics

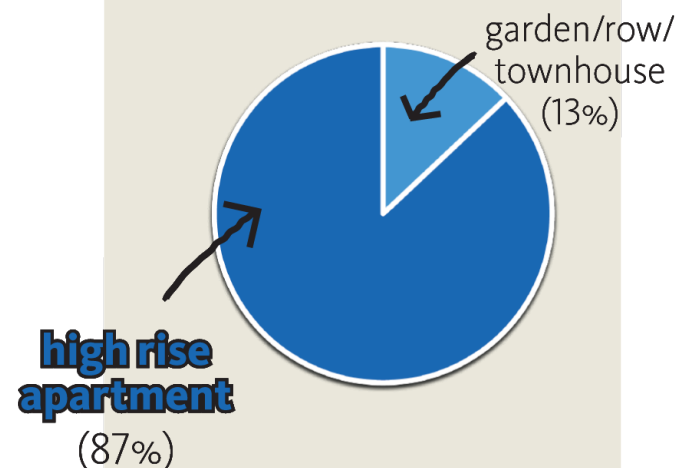
Study participants were...

- ▶ Female 69%
- ▶ 20 to 44 years old 46%
- ▶ 45 to 65 years old 46%
- ▶ Born in Canada 26%
- ▶ Married 62%
- ▶ Educated beyond high school . . 39%
- ▶ Living in a household with a combined income of \$20,000 a year + 46%

Housing type interview #1



Housing type interview #2

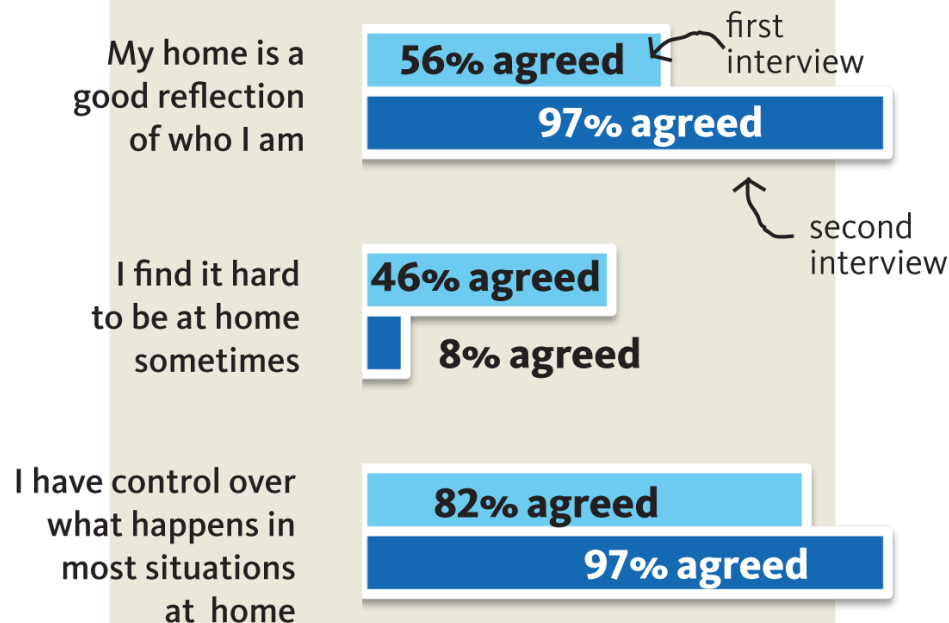


usually we asked
several questions
for each
theme area

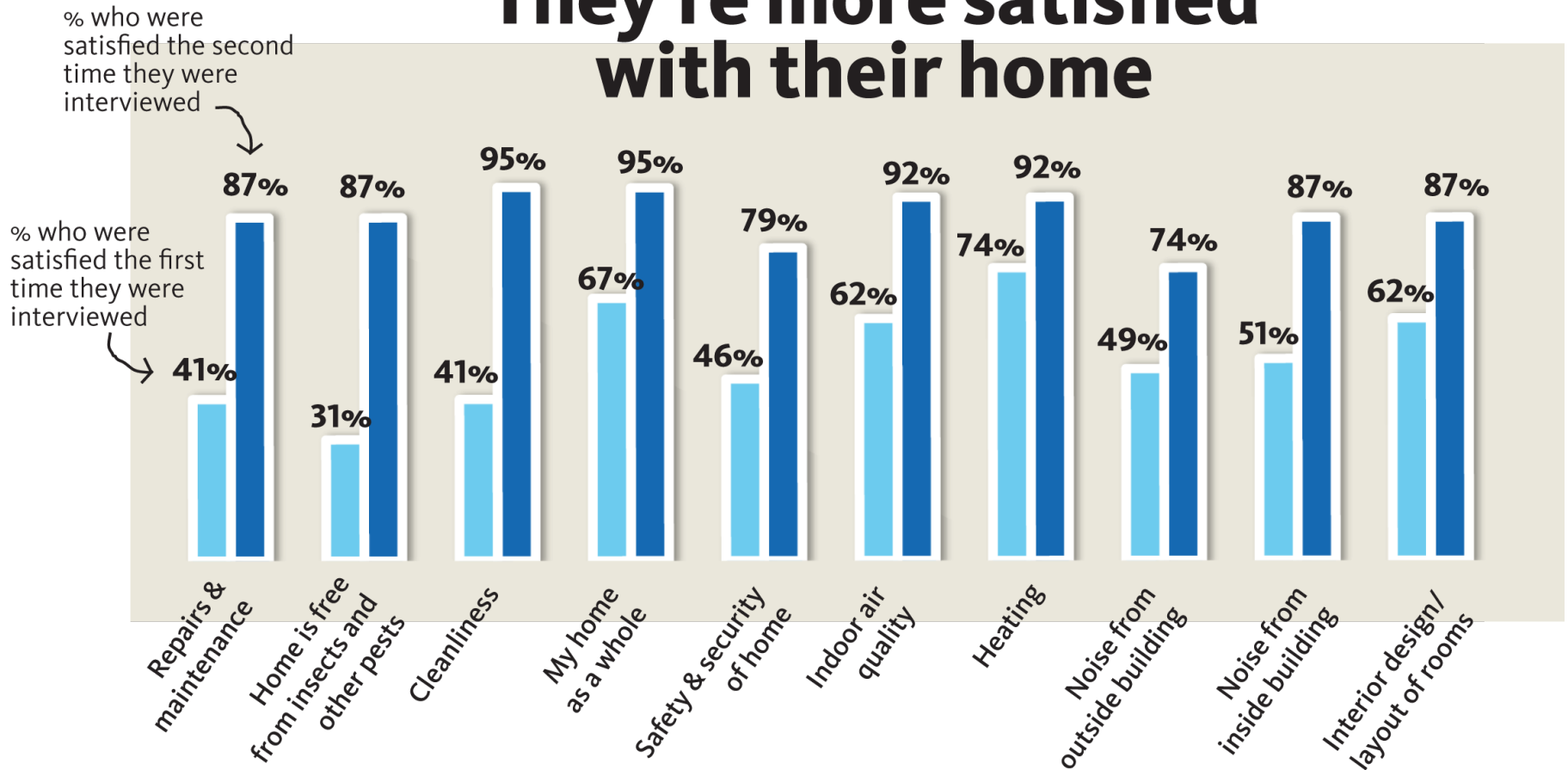
Summary of results

THEME AREA	Improved	Got worse	No change
Satisfied with their neighbourhood	X		
Satisfied with their home	X		
Felt good about their neighbourhood	X		
Felt good about their home	X		
Felt a strong sense of community	X		
Said they need services, such as recreation facilities, libraries, grocery stores, banks			X
Said services are accessible			X*
Felt they had social supports inside or outside their neighbourhood			X*
Felt safe in their neighbourhood	X		
Took steps to protect themselves from crime			X
Someone in their household was a victim of crime in the 12 months prior to the interview			X
Had less life stress			X
Felt anxious during the week before the interview			X*
Felt depressed during the week prior to the interview	X*		
Felt bothered by physical or emotional issues over the four weeks before the interview			X
Felt satisfied with their life			X**
Rated their health as fair or poor			X
Needed health care but didn't receive it			X

They feel better about their home



They're more satisfied with their home



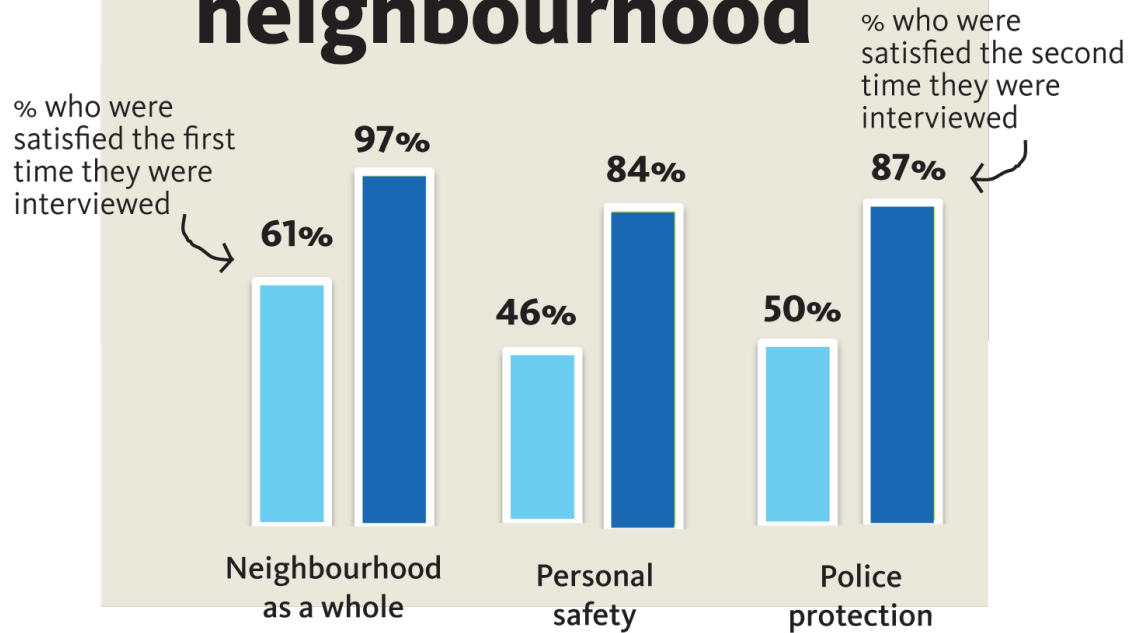
They feel better about their neighbourhood

▶ I think my neighbourhood is a good place for me to live	64%	90%
▶ I can recognize most of the people who live on my block/floor	82%	97%
▶ I feel at home in this neighbourhood	74%	97%
▶ Very few of my neighbours know me	44%	23%
▶ It is very important to me to live in this neighbourhood	64%	86%
▶ I expect to live in this neighbourhood for a long time	59%	87%
▶ People in this neighbourhood don't generally get along	39%	15%
▶ People in my neighbourhood would help me if I needed it	79%	92%

% who said "yes"
the first time they
were interviewed

% who said
"yes" the second
time they were
interviewed

They're more satisfied with their neighbourhood



They feel safer in their neighbourhood

68% of the 39 participants said they felt “somewhat” or “very” safe in their neighbourhood when we first interviewed them, while they were living in their relocation unit.

97% of the 39 participants said they felt “somewhat” or “very” safe in their neighbourhood when we interviewed them a year after they’d moved into their new unit.

▶ I feel safe from crime when I’m walking alone after dark	35%	76%
▶ Gang activity has a high impact on community safety	29%	8%
▶ Drug activity has a high impact on community safety	49%	21%
	% who said “yes” the first time they were interviewed	% who said “yes” the second time they were interviewed

Summary of results

- No T1-T2 changes in:
 - General health, depressive symptoms, social support, neighborhood cohesion, reported crime, actions taken for safety reasons, health behaviors, service accessibility (except banks)
- Significant changes in:
 - Anxious symptoms, sense of community, dwelling satisfaction, neighborhood satisfaction, meaning of home, perceptions of community safety, psychological sense of community
- Almost no negative change

Interpreting the results

- Factors that are *directly* affected by housing relocation showed positive, significant change
 - E.g., dwelling satisfaction, perceptions of crime/safety
 - Health is shaped by many other factors
- Baseline condition not 'old' Regent Park; was relocation housing
- Follow-up condition: a construction zone
- Selection bias, small sample, comparison group all important limitations

Social Mix: Does it 'Work'?

- Vague def'n, in practice means mixed tenure
 - Sounds inherently virtuous – seldom questioned
- Research & policy literature says social mix =
 - Social capital & social networks
 - Social control
 - Culture & behaviour / role modelling
 - Political economy of place
 - Attitudes and experiences of social mix
- Evidence: very little of these things happens
 - Little interaction of any kind b/w tenures
 - Role modelling may happen b/w kids & adults
 - Some negative consequences – conflict, loss of affordable services

Mechanisms, Pathways and Patterns of Social Mix in Public Housing Redevelopment

- Numerous examples of 'socially-mixed' public housing redevelopment around the world
- Evidence of the impact of this is equivocal
 - People don't 'mix' in any substantial way across class or tenure in studies that have carefully observed this
- But does this matter? Is the benchmark that people across class (and race) lines have BBQs?
- What should the benchmark be? Where and how does social mix take place? What are the appropriate outcomes?

Research Design for Social Mix and De-Stigmatization Effects in Regent Park

- Use residential surveys to interview condominium residents and social housing tenants (n=200 X 2)
 - But 'social mix' most likely to occur in public spaces
- Use time-location sampling to interview users of the newly constructed public spaces (n=100 x 3)
 - retail corner at Dundas & Parliament
 - Planned aquatic centre
 - Planned central park
- Use stigma consciousness questionnaire on at least 2 axes of social differentiation
 - Public housing tenant (i.e., housing tenure)
 - Race / visible minority status

Discussion

- Clear positive impacts of Regent Park redevelopment
 - Positive enough? Negative impacts? Implications?
 - Such findings hard to dismiss
 - Are there interventions that could have a greater impact? Probably, but not on political agenda
- 'Does social mix work?'
 - Complex question; research must reflect this
 - Mechanism + context = outcome: need this frame