

**TOWARDS EQUITABLE HEALTH POLICY: A CRITICAL APPROACH TO
CANADIAN HOUSING INSECURITY AND HOMELESSNESS AS INFORMED
BY POLITICAL ECONOMY AND SOCIAL DETERMINANTS OF HEALTH**

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A Research Paper submitted to the Graduate Program in Health

in partial fulfillment of the requirements for the degree of

Master of Arts

Graduate Program in Health

York University

Toronto, Ontario

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September 2016

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ABSTRACT

Housing insecurity and homelessness is a complex phenomenon. Its causes are found in processes at the micro, meso, and macro-levels. In Canada, the rise of economic globalization and neoliberalism contributed to the decline of the welfare state with retraction of the national housing program and the transfer of housing responsibility from the federal to provincial and territorial governments, all of which contributed to the rise of Canadian housing insecurity and homelessness. The state of housing insecurity and homelessness in Canada is a national crisis. It is well established that housing insecure and homeless people have a higher prevalence of mortality and morbidity than the general population. Yet, Canada remains without national anti-poverty, affordable housing, and homelessness strategies, thus, the crisis persists. The current federal government housing and homelessness strategies may not be the best solutions to prevent and end housing insecurity and homelessness. What is required is the adoption of “*A Critical Approach to Canadian Housing Insecurity and Homelessness as Informed by Political Economy and Social Determinants Of Health*” that takes into account the broader economic, political, social, and cultural factors that shape housing insecurity, homelessness and health inequities. In the long term, this should prove to be a more promising policy approach to the housing insecurity and homelessness issue.

CHAPTER I

INTRODUCTION

“It is not the consciousness of men that determines their social being, but, on the contrary, their social being that determines their consciousness”
(Karl Marx, 1859)

Canadian housing insecurity and homelessness is a national crisis. (OHCHR, 2007, 2016). This crisis can be linked to the absence of national anti-poverty, affordable housing and homelessness strategies. Historically, since the mid-1930s to 2010, the Canadian federal government has subsidized some 613,500 social housing units, which help reduced housing insecurity and homelessness (CMHC, 2011) (Please refer to Appendix A.1, A.2, and Appendix B.). However, in the 1980s to 1990s, evidence suggests that the Canadian government has aligned its public policies with the market-oriented ideologies of economic globalization and neoliberalism¹. During this period, the federal government transferred the delivery of social and public housing to the provincial and territorial governments, terminated the national social housing programs, and devolved its housing responsibility. Consequently, in addition to other federal cuts in social supports, those government-housing policies weakened Canada’s welfare state and contributed to the unprecedented growth in housing insecurity and homelessness. Thus, despite the current federal government-initiated housing and homelessness strategies, there are still about (Wellesley Institute, 2010) 1.5 million to 1.66 million households in core housing need (CMHC, 2011) and about 150,000 to 300,000 homeless people (Gaetz, Gulliver & Richter 2014) in Canada. Sadly, since 170 years ago (Engels, 1845), it has been well established that the poor and housing insecure (CIHI, 2015; Raphael, 2011; Wellesley Institute, 2010) and homeless people (Hwang et al., 2009; Tjepkema, Wilkins

& Long, 2013) have higher morbidity and mortality rates compared to the general population². (Please refer to Appendix C.).

Therefore, in this study, I explore the overarching research question, “How can housing insecurity, homelessness, and health inequities³ be effectively addressed in Canada”? I specifically examine: (a) how and why and to what extent housing policy, experience of housing insecurity, homelessness, and health, shape each other; (b) how and why and to what extent economic globalization and neoliberalism shape housing insecurity, homelessness and health inequities; (c) and, what are the shortcomings of the current federal government housing and homelessness policies. My hypothesis is that “*A Critical Approach to Canadian Housing Insecurity and Homelessness as Informed by Political Economy and Social Determinants Of Health*” is a better policy alternative to address Canadian housing insecurity, homelessness, and health inequities than the current federal government housing and homelessness strategies. I draw upon Archer, et al (1998), Bhaskar (1993, 1998, 2008, n.d) and Marx (1859,1873) in critically examining among others, the housing-related works of Gaetz, Gulliver & Richter (2014), Goering, et al (2014) and fuse them with the social determinants-related works of Mikkonen & Raphael (2010), Raphael (2009, 2016) and WHO (1986, 2008, 2012) to conceptualize my approach.

My goal is to be able to contribute to public and scholarly debates about how to effectively address housing insecurity, homelessness, and health inequities in Canada. More specifically, it aims to: (a) produce a paper based on evidence, which answers my research questions; and, (b) provide recommendations for future research and policy-making decisions. This MRP will be important as it may contribute towards strategic

understanding of societal structures, processes and relations; powers, ideologies and institutions that shape housing insecurity, homelessness, and health inequities and therefore, be able to inform possible policy alternatives.

CHAPTER II

METHODOLOGY / METHODS

Critical realism will best inform my research. Karl Marx's (critical) realist' method of inquiry as he explicated in *Preface to A Contribution to the Critique of Political Economy* (Marx, 1859)⁴ and *Afterword to the Second German Edition (1873)* of *Das Capital, A Critique of Political Economy* is one of the better examples of (critical) realism that can theoretically guide my research. In *Preface*, he examines and analyzes the world and phenomena as material, real and knowable; interrelated, fluid and changeable, dialectical, developmental, transformational, and historical. More specifically, he views human beings as societal beings whose societal life is shaped by societal relations. The aggregate of these societal relations constitutes the societal structures (e.g. economic and legal and political) and analogous societal consciousness. This societal consciousness is established by the societal conditions of life. He further argues that at a specific period of societal development, societal forces come to a societal conflict with the existing societal relations. And, this societal conflict is resolved through a societal revolution, by which societal structures are transformed and a new societal formation is created. Moreover, in *Afterword*, he states that his dialectic method is directly opposite the Hegelian ("the Idea") method as "...the ideal is nothing else than the material world reflected by the human mind, and translated into forms of thought" (p.14). He further explained that his dialectic method includes in its understanding the negation of its affirmation of the current state of things and its inevitable disintegration; that it takes into account the fluidity of all historically developed societal systems; thus, regards both its temporal existence and transient nature; allows nothing to impose on it; and, is in

its fundamental nature, “critical and revolutionary” (p.15). Bhaskar, the originator of critical realism⁵, sums up Marx’s dialectic as *scientific, historical, critical* and *systematic*⁶ (Archer et al., 1998).

Critical realism emerged from these two phrases: ‘transcendental realism’ and critical naturalism’ (Archer et al., 1998; Collier, 1994). There are three kinds of ontological depth in transcendental realism, namely: *intransitivity, transfactuality, and stratification*. The differentiation between what critical realism calls intransitive (the relatively unchanging things we seek to understand) and transitive (the changing understanding of things) is a critical feature of critical realism (Bhaskar, 1998; Center for Critical Realism, n.d). According to Bhaskar, Western thought has anthropocentrically and erroneously reduced the enquiry of *what is* to the enquiry of *what we can know*. He terms this ‘epistemic fallacy’⁷, characterized by worldviews like the ‘empirical world’. He argues that intransitive and transitive dimensions should be differentiated because failure to do so will consequently end up in the “reification of the fallible social products of science” (Archer et al., 1998, p.xii). Thus, for him, the realm of the real is distinct from and larger than the realm of the empirical. Furthermore, Bhaskar contends for the *transfactualty*⁸ of things; that natural laws function independently of the systems in which they take place; and thus, the realm of the real is distinct from and larger than the domain of the actual, and therefore the empirical too. He argues that failure to understand this law of nature, results in the ‘fallacy of *actualism*’⁹, collapsing and homogenizing reality (Archer et al., 1998, Bhaskar, 1998, 2008, n.d; CCR, n.d; Collier, 1994). Lastly, Bhaskar states “there is *stratification* both in nature, and reflecting it in science, and both (a) within a single science or subject matter and (b) between a series of

them...” (Archer et al., 1998, p.xiii).

Critical naturalism, on the other hand, seeks out to resolve the concept of dualism predominant in social science, namely: body and mind, causes and reasons, facts and values, individualism and collectivism, agency and structures, reification and voluntarism. Specifically, critical realism argues that in so far as societal structures create the materials conditions for human actions, societal structures precede human agency. Moreover, it contends that societal structures should not be reified, but managed through the intervention of human agency and societal activities (Archer et al., 1998; Bhaskar, 1998, 2008, n.d; CCR, n.d; Collier, 1994). Therefore, critical realism views society as “an ensemble of structures, practices and relationships, which individuals [and groups of people] both reproduce and transform, without which society would not exist” (CCR, n.d, p.3).

In short, critical realism (Archer et al., 1998; Bhaskar, 1993, 1998, 2008, n.d; CCR, n.d; Collier, 1994) argues against the established methods of inquiry in two major ways. First, in contrast to positivism and constructivism it contends for the *necessity of ontology*. Thus, it endeavours to comprehend and speak about the ‘things themselves’ and not only just about our experiences, beliefs, or our present knowledge, and comprehension of those things. It ascertains that things exist separately from our experiences and consciousness of those things. Secondly, critical realism contends for *structured and differentiated* explication of reality in which “openness, difference, stratification, and change is central” (CCR, n.d, p.1). This runs counter to the implicit ontology of empiricists and idealists. In a nutshell, critical realism contends “*for ontology, and for a new ontology*” (Bhaskar, n.d, p.1; CCR, n.d, p.1). Therefore,

critical realism “attempts to steer between the Scylla of naive realism on the one hand, and the Charybdis of idealism and constructivism on the other” (CCR, n.d, p.1). Yet, the critical realists’ tendency to seek balance is also the source of its own dilemma, strengths, and weaknesses.

I conducted this study from May to September 2016, which I started by consulting a university librarian. Then, through York University and University of Toronto Libraries, I identified the relevant studies to be included in this paper by accessing the academic and scholarly databases such as Proquest, CBCA Complete, Sociological Abstracts, EBSCOhost, Scholars Portal, and Google Scholar. Moreover, I searched non-, inter-, and government websites, which include but not restricted to Homeless Hub, Canada Without Poverty, CMHC, UN, WHO, OECD and Statistics Canada. I also looked up references from my previous unpublished studies. After the identification, I selected and primarily included the peer reviewed journal articles, books, government policy documents, and grey literature in the English language from 2006 to 2016 that have a major focus on social determinants of health, housing insecurity, homelessness, and health inequities in Canadian context. Lastly, I did not set any inclusion-exclusion criteria on methodology and methods for selection of studies. Hence, studies that employ positivism, realism, and idealism knowledge paradigms as well as quantitative, qualitative, and mixed methods are fairly represented in this paper.

CHAPTER III

RESULTS, DISCUSSIONS, AND RECOMMENDATIONS

The importance of unequivocally defining homelessness, housing insecurity, and poverty

Researchers, decision makers, policy makers, and other stakeholders on homelessness, housing insecurity, and poverty have different views about these phenomena. Hence, it is crucial to define and clearly delineate these core concepts to achieve common understanding. Thus, I outlined their perceived meanings at the beginning of this discourse.

Unquestionably, there have been homeless people in any developed societal systems in any historical period. However, before the 1980s, the use of the word “homelessness” to define a societal problem was rare in Canada. In fact, the problem of Canadian housing insecurity and homelessness only emerged during the 1980s as a direct outcome of rising poverty levels due to economic restructuring and government policy changes (Gaetz, 2014; Hulchanski, Campsie, Chau, Hwang & Paradis, 2009). The Canadian Observatory on Homelessness (2012, p.1) states:

“The *problem* of homelessness and housing exclusion refers to the failure of society to ensure that adequate systems, funding and support are in place so that all people, even in crisis situations, have access to housing. The goal of ending homelessness is to ensure housing stability,…” (COH, 2012, p.1).

Unfortunately, the federal government of Canada has not sanctioned any official meaning of homelessness (Echenberg & Jensen, 2012). Yet, the Provincial Government of Ontario has adopted the Canadian Homelessness Research Network or CHRN’s

definition of Canadian Homelessness (Ontario Ministry of Municipal Affairs and Housing, 2015), which states:

“Homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual / household’s financial, mental, cognitive, behavioral, or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful, and distressing.” (Canadian Observatory on Homelessness, 2012, p.1).

Accordingly, Gaetz, Donaldson, Richter & Gulliver (2013) argue that homelessness is shaped by individual and relational factors such as mental illness and domestic violence, systems failure such as lack of support services for new immigrants and structural factors such as lack of affordable housing and low income. Its typology¹⁰ ranges from being unsheltered, emergency sheltered, provisionally accommodated and at risk of homelessness (COH, 2012). In essence, Canadian homelessness describes the material and social living conditions of people from having no shelter to being housing insecure. Its causes may result from individual to societal level. Yet, informed by critical realism, this paper provides sufficient evidence that Canadian housing insecurity and homelessness are largely generated by an ensemble of underlying causal mechanisms or societal structures, processes and relations and the various societal forces that are shaping them, more than individual factors. I argue, homelessness is just the tip of the iceberg.

The second core concept, housing instability (Johnson & Meckstroth, 1998) or *housing insecurity* (Cutts et al., 2011) is described by the United States Department of Health and Human Services as poor housing quality, high housing costs, overcrowding, unstable neighbourhoods, and homelessness. In contrast, Canadian housing insecurity is often equated to Canada Mortgage and Housing Corporation's classification of "Core Housing Need", which has three housing standards, namely adequate or does not require major repairs; affordable or costs not exceeding 30% of gross household income before tax and suitable or bedrooms are proportionate to the size of the household. A household is living below housing standard if its housing status does not meet at least one of those criteria (CMHC, 2016). In Canada, 2 million households are living in inadequate housing, 3.1 million households are experiencing unaffordable housing and 705,165 households are struggling with unsuitable housing (Wellesley Institute, 2010).

Lastly, the UNDESA (1995) defined *absolute poverty*, as "severe deprivation of basic human needs..." (Eradication of Poverty, para 2) and *relative poverty* as "poverty in relation to the economic status of other members of the society..." (UNESCO, 2016, Poverty, para 3). In Canada, the federal government has not endorsed any official measures of poverty (Collin & Campbell, 2008). Hence, Low-Income CutOffs (LICO)¹¹, Low Income Measure (LIM)¹², and Market Basket Measure (MBM)¹³ are typically used by researchers, decision makers, and policy makers to assess poverty levels. These measures are "de facto definition of poverty" (Fellegi, 1997, p.1). Thus, LICOs, LIM, and MBM are subject to diverse interpretations. For example, although unspecified whether computed before or after transfers and taxes, Murphy, Zhang & Dionne's (2012) study showed that the poverty rates in Canada were: LICOs 9.6%, LIM

13.3%, and MBM 10.6% in 2009. Those statistical data as percentages of the total population provide different headcounts of poor people on that year. Thus, poverty population could either be overestimated or underestimated depending on which measure is used. Meanwhile, the last recorded LICO-after tax and LICO-before tax was in 2011, which was 8.8% and 12.9% respectively (Statistics Canada, 2013a) and the last recorded LIM-after tax was 13% in 2014 (Statistics Canada, 2015b). After tax income is the aggregate of government transfers and market income, minus income tax (Statistics Canada, 2016a).

Unquestionably, those studies suggest that CMHC's categories of core housing need are the common measures of Canadian housing insecurity. However, it is also clear that there is not any single official definition of homelessness and poverty in Canada. This is problematic because without definitive meanings of those phenomena, may privilege some stakeholders and disenfranchise others. It can also obscure policy debates and decision-making processes which may lead to some profound negative policy implications. Hence, in this paper, to achieve unity of mind, I refer to Canadian housing insecurity and Canadian homelessness as defined by CMHC and CHRN, respectively. Moreover, I discuss Canadian poverty as measured by LICO (after tax and before tax) and LIM (after tax and before tax). In sum, there is an urgent need, and I call on the federal government to officially sanction unequivocal definitions of Canadian homelessness, housing insecurity, and poverty to avoid data misinterpretations, biased research and policy proposals, and policy implementation failures.

The making of Canadian housing insecurity and homelessness crises

As introduced, since the enactment of the Dominion Housing Act of 1935, the federal government of Canada has initiated and implemented various social and public housing programs that result in increased housing security (CMHC, 2011, 2016). However, since the 1980s, Canadian governments veered away from those housing policies and embraced the central worldviews of neoliberalism (i.e., liberalization, privatization, deregulation). In fact, in 1984, with the Progressive Conservative Party in power, the federal government gradually cut funding to affordable housing and retrenched social supports in the welfare system. Moreover, in 1986, the distribution of public and social housing was reassigned from the federal to provincial and territorial governments. Those neoliberal policies were continued under the Liberal Party, which culminated in the cancellation of federal social housing in 1993 and decentralization of housing authority in 1996.

As a consequence, in 1999, the United Nations Committee on Economic, Social, and Cultural Rights warned Canada for the rise of lack of affordable housing and homelessness in the country (OHCHR, 1999). In response to this criticism, which for sure can create negative implications for Canada in global scale, the federal government carried out the National Homelessness Initiative in December 2000 and the Affordable Housing Initiative in November 2001. Unfortunately, those programs failed to address the unprecedented rise in Canadian housing insecurity and homelessness. In fact, in November 2007, the United Nations Special Rapporteur on Affordable Housing declared:

“The Special Rapporteur confirms the deep and devastating impact of this national crisis on the lives of women, youth, children and men, including a large

number of deaths. The Special Rapporteur also noted as a cause of this national crisis the lack of a properly funded national poverty reduction strategy.

Homelessness is one of the most visible and most severe signs of the lack of respect for the right to adequate housing, which is even more shocking to see in a developed and wealthy country as Canada.” (OHCHR, 2007, p.1; Povnet, 2007, p.1).

Subsequently, with the forthcoming 2010 Vancouver Olympics in the background, the Conservative Party-led federal government funded the At Home/Chez Soi from 2008 to 2013, a research demonstration project modeled after the “Housing First” in the United States (Macnaughton, Nelson & Goering, 2013). Henceforth, in 2014, the Homelessness Partnering Strategy with Housing First approach at the core of its strategy and Investment in Affordable Housing were extended until 2019 (ESDC, 2016; CMHC, 2016).

However, the continuous decline in federal government funding for social and public housing in the last 30 years (CMHC, 2011, 2016; Gaetz, Gulliver & Richter, 2014; Pomeroy, 2015; Wellesley Institute, 2010) (Please refer to Appendix D. and Appendix E.), as a result of government policy decisions congruent with neoliberalism, has exacerbated Canadian housing insecurity and homelessness. The following statistics provide a clear picture as to the extent of this twin crisis. To date, 3.3 million Canadian households are precariously housed (Shapcott, 2014; Wellesley Institute 2010), 1.66 million households are in core housing need (CMHC, 2011) and 20% of household renters are spending more than 50% of their total income in rent (Gaetz, Gulliver & Richter, 2014; Pomeroy, 2015). Moreover, there are about 235,00 people who are

homeless in any given year of which 5,000 people are unsheltered, 180,000 people are emergency sheltered and 50,000 people are provisionally accommodated. And, in the last five years, 1.3 million people have struggled with homelessness, of which 35,000 people are homeless on any given night (Gaetz, Donaldson, Richter & Gulliver, 2013; Gaetz, Gulliver & Richter, 2014). On the other hand, there are 450,000 to 900,000 people who are considered hidden homeless¹⁴ (Wellesley Institute, 2010).

The demographics of homelessness further speak about the magnitude of the crises. Canadian homelessness consists primarily of: youth aged 16 to 24 years old, which is about 20% of the homelessness population; single adult male aged 25 to 55 years old, 47.5%; lesbian, gay, bisexual, transsexual, and transgendered persons, comprise 25% to 45% of youth homelessness; women, 26.2% of shelter users; and, homeless families, which are rising in numbers as well. In particular, women are at greater risk for hidden homelessness (Gaetz, Donaldson, Richter & Gulliver, 2013). Moreover, the indigenous peoples are over represented in Canadian homelessness, comprising 15% of its population (Wellesley Institute, 2010). Hence, these specific classes and groups of people are at increased risk of homelessness.

Furthermore, I argue that the crises of Canadian housing insecurity and homelessness are directly shaped by poverty. Statistics show that for the last 10 years, there were no significant decreases in poverty levels in Canada despite income and social supports from all levels of government. On the contrary, the number of persons falling within all low-income family types has increased from 5.876 million in 2010 to 6.051 million in 2014 as measured by LIM-before tax. Thus, despite after tax and transfers, 4.441 million people were still living below the poverty line as measured by LIM

(Statistics Canada, 2013a; 2015b). In short, those statistics means that about one in seven Canadians is living in poverty and on the average, about 35,000 people per year are being added to the population of poor people. (Please refer to Appendix F.1, F.2, and F.3).

Therefore, it is not surprising that in March 2016, the United Nations, for the third time, rebuked Canada for the persistent poverty, housing insecurity, and homelessness in the country. Unequivocally, the United Nations states:

“...the Committee is concerned about the significant people living in poverty...the persistence of a housing crisis...(1) absence of a national housing strategy; (2) insufficient funding for housing; (3) inadequate housing subsidy within the social assistance benefit; (4) shortage of social housing units; and, (5) increased evictions related to rental arrears....the increasing number of homeless persons...the lack of adequate measures to prevent homelessness...” (OHCHR, 4 March 2016, pp.7-8)

Indeed, housing policy, experience of housing insecurity, poverty, homelessness, and health inequities are interrelated and therefore intrinsically shape each other (Bryant, 2016; Bryant & Shapcott, 2016; Gaetz, Gulliver & Richter 2014; Goering et al., 2014; Khandor & Mason, 2007; Laird, 2007; Mikkonen & Raphael, 2010; Raphael, 2009, 2010, 2011, 2016; Wellesley Institute, 2010). Yet, though a party signatory to at least seven international human rights conventions (Global Affairs Canada, 2016) and despite recurrent admonition from the United Nations, Canada’s current federal housing and homelessness policies do not reflect its international human rights commitments. In fact, despite evidence, Canada remains the only G8 nation without national housing (Waterson, Grueger & Samson, 2015) and anti-poverty strategies (OHCHR, 2016).

Consequently, in spite of efforts of the provincial and territorial governments to address poverty in their respective jurisdictions, only Newfoundland and Labrador has shown a consistent decline in poverty rates in the past decade. (Please refer to Appendix F.2). Unsurprisingly, housing insecurity, homelessness, and health inequities persist in Canada.

Responses and solutions to Canadian housing insecurity and homelessness

The current responses and solutions to Canadian housing insecurity and homelessness are profoundly shaped by particular worldviews that public policy makers, decision makers, researchers, and other stakeholders assume. Arguably, Canadian governments have been trying to solve the national crisis by employing various strategies and approaches from various perspectives. Yet, the puzzle remains why it persists. Thus, there is a need to review the current approaches to these two inextricably linked phenomena.

The traditional approach to homelessness uses a ‘continuum of care’ or ‘staircase model’ where people move out of homelessness through a series of stages such as moving out “from the streets, to shelters, to transitional housing and finally, permanent housing” (p.7). Throughout this process, homeless people are provided support and services in order for them to progress to the next stage. However, failure to comply with requirements means removal from the program and hence, denial of access to permanent housing (Stock, 2016). This approach is commonly described as ‘treatment as usual’ or ‘treatment first’ approach where a homeless person is considered ‘housing ready’ only upon compliance with treatment and sobriety or abstinence from alcohol and drugs (Gaetz, Scott & Gulliver, 2013).

Moreover, Gaetz (2010) argues that the ideal approach to Canadian homelessness should combine delivery of emergency services, rapid transition out of homelessness, and prevention approaches. Yet, the current federal strategies focus more on emergency rather than prevention approaches. The emergency services approach provides crisis management to homeless people through provision of emergency services and supports such as meal programs, drop-in centers, and shelters. The objective of this approach is to meet the basic and urgent needs to minimize the effects of homelessness on individuals and communities. On the other hand, the rapid transition out of homelessness approach includes strategies such as motivational counselling, case management, and supported transitional housing programs. The “Housing First” model is closely associated with this approach. Finally, there is the approach that focuses on prevention, which means averting the prospects that people will become homeless (Gaetz, 2010). Gaetz (2016) outlines the typology of homelessness prevention as follows: structural prevention, institutional transition support, early intervention strategies, eviction prevention, and housing stabilization.

However, Bryant (2016) argues that the current researches [and approaches] to Canadian housing insecurity and health inequalities are rather limited to models [or worldviews] that investigate the ‘physical aspects of housing’ of which the role of housing in relation to social determinants of health are rarely critically examined. Thus, she challenges us to do research that focuses more on what she called the ‘new political economy of housing’ that takes into account the role of neoliberalism in shaping public policies that largely contribute to the national crisis. In part, this paper answers her call.

Balaam & Veseth (2016) describe political economy as the holistic study of society, states, markets, and individuals. It critically examines the political, economic, and social forces that influence political processes and institutions that shape and create public policies, which affect peoples' lives. Among others, it investigates how public policies are produced by the state from above and by the public from below. Moreover, it focuses on the role of corporations in the national and global economy and wrestles with social justice and equity issues. Furthermore, political economy necessitates the study of societal relations. As mentioned, Marx argues that societal relations, in its totality, establish societal structures. Particularly, he contends that political and legal structures as well as ideological beliefs arise from economic structures. Those societal structures are relatively stable pattern of societal relations between classes and groups. In essence, it is the relations between various social classes and groups in society that shape the material, social and economic conditions for certain classes and groups (Marx, 1859, 1873).

Drawing on Bambra (2011) and Raphael (2007), the National Collaborating Centre for Healthy Public Policy, (2016), defines:

“Political economy refers to a theory and an approach which, when applied to health inequalities, attempts to look at the assumptions and ideologies that underlie political and state structures and the effects that these have on populations. Political economy focuses on power and where it is concentrated in a society and examines how policies tend towards producing and maintaining inequality. Work on health inequalities from this perspective often emphasizes the role played by the state in liberal democracies so that it more

resembles democratic states such as those found in Nordic and Scandinavian countries” (p.6).

Indeed, political economy fundamentally acts through the various social determinants of health. Yet, drawing upon critical realism, I argue that the latter is experienced, perceived, and understood by most people, as more real and tangible compared to the former, which is seemingly more abstract. Being more concrete, those social determinants of health become more knowable and explicable for most people. Thus, further informed by those different worldviews and approaches, I critically examine the current federal housing and homelessness policies as well as the societal factors and forces that impact Canadian housing insecurity, homelessness, and health inequalities.

Analysis of the strengths and weaknesses of Housing First approach

The Canadian governments have adopted the Housing First approach as core strategy to end homelessness. Its first official version was the At Home/Chez Soi project. The project, with more than 2,000 participants, was the world’s largest Housing First randomized controlled trial that sought effective ways of addressing the needs of persons going through serious mental illnesses and homelessness. It was implemented by the Mental Health Commission of Canada in the cities of Toronto, Montreal, Moncton, Vancouver, and Winnipeg with a total investment of \$110 million for five years (Goering et al., 2014). Fundamentally, it was modeled after the Pathways to Housing First, originally developed in New York, in 1992. The Pathways, anchored on the principle that housing is a basic human right, addresses the housing and treatment needs of the chronically homeless population (Tsemberis, 2010; Tsemberis & Eisenberg, 2000;

Tsemberis, Gulcur & Nakae, 2004).

Gaetz, Scott & Gulliver (2013) defines: “Housing First is a recovery-oriented approach to homelessness that involves moving people who experience homelessness into independent and permanent housing as quickly as possible, with no preconditions, and then providing them with additional services and supports as needed. The underlying principle of Housing First is that people are more successful in moving forward with their lives if they are first housed” (p.2).

In practice, based on At Home/Chez Soi, the application of the Housing First approach is guided by the following core principles. The first principle, immediate access to housing with no housing readiness conditions, guarantees clients to a rapid and permanent housing regardless of their mental health status. Second, the principle of consumer choice and self-determination assures that clients have the right to choose as to when to avail of the services as well as to the type of housing and supports that they prefer. Third, the principle of recovery orientation ensures that the clients are provided various supports to enable them to maintain their recreational, social, educational, vocational, and occupational activities. It also means access to harm reduction program. Fourth, the principle of individualized and person-driven supports, make certain that treatments are voluntary, personalized, and culturally sensitive. It also guarantees income supports and rent supplements, based on client needs and preferences. And lastly, the principle of social and community integration safeguards the clients from social isolation and stigmatization (Gaetz, Scott & Gulliver, 2013; Goering et al., 2014).

Furthermore, Gaetz, Scott & Gulliver (2013) argue that for us to further

understand Housing First, we must characterize it as a: philosophy; systems approach; program model; and, team intervention. As a philosophy, Housing First believes that everyone deserves housing. It accepts as true that people could better their life conditions once provided with permanent housing, followed by supports. Moreover, when its philosophy and core principles are practiced throughout the larger integrated systems of service delivery models, then, Housing First is argued to be as rooted within a systems approach. When a government organization operationalized it as a series of planned activities or a service delivery, it is distinguished as a program model. On the ground, as a team intervention, Housing First is implemented through Assertive Community Act (ACT), Intensive Case Management (ICM), and Rapid Rehousing (RR) teams. One of the tasks of the ACT team, which is typically composed of clinical/medical staff, peer support workers and generalist case managers, is to provide ongoing support to people with mental health and substance abuse issues having the most acute needs. On the other hand, the ICM team, basically provides an intensive but shorter period of support to people with lower acuity through a one-on-one case manager to client relationship. In contrast, RR team targets people with lower acuity of mental health and substance abuse issues and provides assistance in a much shorter period and a much lower level of supports (Gaetz, Scott & Gulliver, 2013).

In short, Housing First approach delivers housing, clinical, and complementary supports. Its preliminary intervention is to assist people to get into housing. Then, after securing a suitable housing, those people are offered and provided with the necessary clinical supports through the ACT and ICM teams. And lastly, complementary supports which may include life skills for maintaining housing; income supports for those who are

entitled; assistance with accessing training, volunteer work, enrolling in education and finding employment; and, community engagement are as well rendered (Gaetz, Scott & Gulliver, 2013).

However, evidence suggests that Housing First studies and outcomes analyses have focused mainly on demographics, housing retention, treatment, cost, and social integration. Hence, I critically examine the strengths and weaknesses of this policy model using those established analytical parameters, which yielded the following results.

First, demographically, the Pathways to Housing First followed for five years, 242 homeless individuals with psychiatric disabilities, who are living on the streets. The sample was comprised of 67% males and 33% females, 58% of them have substance abuse issues (Tsemberis & Eisenberg, 2000). Likewise, the At Home/Chez Soi was composed of 67% males, 32% females, and 1% others; 96% of them were single, divorced, separated, or widowed and with one or more mental illnesses (Goering et al., 2014). Second, Tsemberis & Eisenberg (2000) found that housing retention outcomes under the Pathways was 88% after five years. Similarly, under the At Home/Chez Soi, more than 80% retained housing after the first year (Gaetz, Scott & Gulliver, 2013) and in the last six months of the project, 62% were housed all of the time and 22% some of the time (Goering et al., 2014). Third, Goering et al (2014) claim, based on the results of At Home/Chez Soi, that there were positive improvements in the mental health and substance abuse issues of the homeless people. In contrast, Woodhall-Melnik & Dunn (2015) argue that Housing First treatment outcomes were rather mixed and inconclusive. More specifically, the authors cited Tsemberis, Gulcur & Nakae's (2004) study that found no significant differences in psychiatric symptoms between those who received

traditional housing support and those enrolled in Housing First. They also cited Padgett, Gulcur, & Tsemberis' (2006) study that found no difference in alcohol and drug use between those who received Housing First intervention and those assigned to the control group. However, both Goering et al (2014) and Woodhall-Melnik & Dunn (2015) cost analyses provide evidence that there were significant reductions in the use of shelters, hospitals, and criminal justice systems by the homeless people. Those cost reductions amounted to \$21.72 in savings for every \$10 that was spent on housing and supports for chronically homeless people (Gaetz, Gulliver & Richter, 2014). Fifth, Goering et al (2014) argue that the results of At Home/Chez Soi present real improvements in community functioning of Housing First participants. In contrast, Woodhall-Melnik & Dunn (2015) claim that Housing First studies have not decisively substantiated that social integration increased in this model. And lastly, a newer analytical tool, Poremski et al's (2016) first large-scale random controlled trial analyses on the impact of Housing First on employment and income, found that "Housing First did not appear to significantly increase income" (p.1).

In a related study, prior to the final report of the At Home/Chez Soi project, published in 2014, Schiff & Rook's (2012) systematic review of Housing First literature found that there was the "absence of 'best practice' evidence..." (p.4) and "...there have been no systematic studies of a housing first approach..." in Canada (p.15). Moreover, the authors claim that its evidence originated mainly from government and non-profit organizations that have embraced the model. They further argue that the Pathways to Housing First has been announced as 'best practice' despite dispersed and scant external scientific evidence (Schiff & Rook, 2012). Likewise, Woodhall-Melnik & Dunn's (2015)

systematic review discovered that there was no strong synthesis of Housing First. Thus, the authors argue that there was no sufficient evidence to support a unilateral implementation of this model. They further contend that Housing First studies are primarily grounded and more expansive in the American context. In contrast, Goering et al (2014) contend that Housing First is one of the few approaches that can be described as best practice to tackle homelessness. Similarly, Homeless Hub (2016) has categorically stated, "...the debate about whether Housing First works is over. The body of research from the United States, Europe and Canada attests to the success of the program, and it can now truly be described as a 'Best Practice'" (Housing First, p.3, para.11).

To summarize, at a glance, demographically, the foundation of Housing First model seems rather limited, segregated, and exclusive because it mostly includes unattached adult males with mental illnesses and substance abuse issues and excludes family, children, youth, and senior homeless people with or without mental illnesses and substance abuse issues. Moreover, women, LGBTTQ, and aboriginal peoples are underrepresented in the model. Yet, this is not the fault of the model itself. Rather, it is the consequence of utilizing and implementing a targeted approach, which focuses narrowly on specific classes or groups of people. Expectedly, when one prioritizes the chronically homeless population, single adult males with mental health and substance abuse issues will be overrepresented because they comprise most of this type of homelessness. However, I concur that Housing First can be effective in preventing chronic and episodic homelessness. Indeed, it has high housing retention rates and it is cost-efficient. Yet, I assert that it is neither definitive nor authoritative in treatment and social integration outcomes. More importantly, as Poremski et al (2016) discovered, this

policy model is unable to protect and release people from poverty, which is in the first place, the main reason for housing insecurity and homelessness. This last outcome analysis, I argue, is one of the most significant weaknesses of the Housing First.

Overall, the major strength of Housing First is that, as a philosophy, which recognizes that every person deserves unconditional housing, means that, it is basically grounded on human rights. Moreover, I agree, that at present, based on evidence, it is one of the best practices that can help reduce chronic and episodic homelessness. However, to cast off skepticisms and further strengthen the model, I suggest that employment and income outcome analyses as well as new analytical parameters such as food security be further investigated, in addition to more research on treatment and social integration outcome analyses. In sum, I contend that Housing First approach falls short in addressing the broader determinants of Canadian housing insecurity and homelessness. Indeed, it has few elements of social determinants of health (e.g. income and social supports), but hardly attempt to dig deeper beneath the iceberg to expose the critical roles of different societal forces (e.g. economic, political and legal, social and ideological) that shape the inequitable distribution of economic and other societal resources (e.g. various social determinants of health, power and influence). Thus, Housing First should not be modeled as a standalone policy approach separate from other social determinants of health, much more, divorced from political economy. It should, however, remain as the core component of any homelessness strategies.

Analysis of the salient features of Homelessness Partnering Strategy (HPS)

Based on the results of the At Home/Chez Soi project, the federal government of Canada has finally embraced Housing First approach to address Canadian homelessness.

In fact, it is at the core of the Homelessness Partnering Strategy. This section provides a brief policy analysis of the current federal government-initiated homelessness strategy. I mainly focused my analysis on those most significant provisions stated under the three regional funding streams, namely: designated communities, rural and remote homelessness (non-designated communities), and aboriginal homelessness (Please refer to Appendix G.1 and Appendix G.2). The Employment and Social Development Canada (2016), which is the main implementing agency of the HPS, states:

“As an approach, Housing First under the HPS will involve moving primarily individuals who are chronically or episodically homeless from the streets or homeless shelters directly into permanent housing....The HPS supports 61 designated communities and some small, rural, northern and Aboriginal communities across Canada to develop local solutions to homelessness...” (Housing First, para 1; Understanding Homelessness Partnering Strategy, para 1).

Therefore, I argue that the HPS is rather narrow, restricted, and exclusive because it specifically limits the Canadian Housing First approach to chronic and episodic homeless people who are living in the streets and shelters. In fact, it excludes all the other types of Canadian homelessness. Predictably, for the most part, it will benefit the chronically and episodically homeless people with mental health and substance abuse issues more than other groups of homeless people. Unfortunately, the former comprises only 10% to 22% of the total homelessness population (Hwang, Stergiopoulos, O’Campo & Gozdzik, 2012). Thus, in essence, HPS excludes about 135,000 to 234,000 homeless people with or without mental and substance abuse issues. Similarly, if we base our

calculation on Gaetz, Gulliver & Richter's (2014) study that there are about 13,000 to 33,000 chronic and episodic homeless people, then, about 137,000 to 267,000 homeless people will not be covered by the program. Furthermore, HPS leaves out hidden homeless people, which Wellesley Institute (2010) calculated to be about 450,000 to 900,000 people. However, this is not to argue that the chronic and episodic homeless people will be the sole beneficiaries of the program. This is because in practice, some large cities which are funded under HPS are allocating a third of their funding in non-Housing First related activities such as investing on capital projects like purchasing or renovating facilities and providing non-Housing First services to other targeted groups such as children, youth, families and Aboriginal peoples (ESDC, 2016). Yet, this budget allocation to non-Housing First activities and services also means further reductions in Housing First related supports and services. Certainly, this will result in fewer numbers of Housing First beneficiaries.

Under the designated communities stream, it states: "A total of 61 communities across Canada that have a significant problem with homelessness have been selected to receive ongoing support to address this issue. These communities—mostly urban centres—are given funding that must be matched with contributions from other sources. Funded projects must support priorities identified through a community planning process" (ESDC, 2016, Designated Communities, para 1).

Therefore, on the one hand, it can be argued that HPS is rather urban-centric and geographically biased. Evidence suggests that the program overwhelmingly prioritizes urban homelessness over rural and remote homelessness. On the other hand, it can be

argued that this may not be the fault of the program itself. Necessarily, when a public policy specifically targets chronic and episodic homeless people, by default, large cities will be prioritized because those people comprise most of urban homelessness. Yet, one should not be led into thinking that rural and remote areas have no significant problems with homelessness because on the contrary, according to Bryant & Shapcott (2016) and Raphael (2016), poverty, housing insecurity and homelessness are equally prevalent in rural and outlying areas.

Under the rural and remote homelessness streams (non-designated communities), it states: “As a result of Budget 2016, the Rural and Remote Homelessness funding stream no longer gives priority to non-designated communities with a population of less than 25,000... funding stream is available to all non-designated communities. Non-designated communities include any community outside of the 61 that receive funding through the Designated Communities funding stream” (ESDC, 2016, Rural and Remote Homelessness, para.1).

Unfortunately, based on ESDC (2016) listings, only four non-designated communities are currently being funded from this type of stream. These are: the Lu'ma Native Housing Society in British Columbia, Provincial Metis Housing Corporation in Saskatchewan, Brandon Neighborhood Renewal Corporation in Manitoba and Bathurst: Batherst Youth Centre in New Brunswick. Thus, this confirms that HPS is rather urban-centric and geographically biased. However, it can be argued that the selection of those 61 designated communities may have been affected by the results of the literature review conducted by the Homelessness Partnering Secretariat in 2011. The Secretariat

concluded that compared to a more visible urban homelessness, rural and remote homelessness is often hidden; its literature is rather sparse; and, the research on the latter is rather limited to support decision-making (ESDC, 2016, Rural and Remote Homelessness).

Under the aboriginal homelessness stream, it states: “The...funding stream addresses the specific needs of the off-reserve homeless Aboriginal population by supporting an integrated service delivery system that is culturally appropriate and community-driven....” (ESDC, 2016, Aboriginal Homelessness, para 1-3).

There are 41 communities and community entities that are receiving support through this funding stream (ESDC, 2016). At a glance, it can be argued that HPS is an off-reserve centric program because it excludes the on-reserve type of homelessness. However, the federal government separately funds this latter type of homelessness. In fact, in 2016, the Liberal Party-led federal government has allocated \$742.4 million over three years to address housing insecurity and homelessness issues on First Nations, Inuit, and Northern Communities (Minister of Finance, 2016).

Historically, prior to its extension in 2014, HPS is under a budget of \$135 million per year. However, in 2014, its budget was lowered to \$119 million per year for five years for a total of \$600 million (ESDC, 2016). Recently, the federal government has added \$111.8 million for the next two years on top of \$119 million per year budget (Minister of Finance, 2016). Thus, the HPS funding is rather highly fluid and dependent on the political party in power. Unfortunately, aside from being insufficiently funded, it is financed on a short-term five-year renewable basis. Hence, I argue that it is a shortsighted federal program that provides no assurance of continuity.

On 2 June 2016, Jean-Yves Duclos, Minister of Families, Children, and Social Development, provided the ‘quick facts’ on the results of federal-initiated homelessness strategies. The statistics show that 82,000 people were assisted in a more stable housing, 6,000 new shelter beds have been created, 34,000 people have received help to find work, and nearly 35,000 Canadians who are homeless or at risk of becoming homeless have benefitted from education and training opportunities since the launching of the National Homelessness Initiative in 1999. (ESDC, 2016). These figures represent a slow progress on Canadian government efforts to prevent and reduce homelessness. For instance, it means that on the average, only about 5,000 people per year were assisted in a more stable housing and 2,833 people per year were assisted in finding work in the last 16 years. In contrast, on the average, about 35,000 people per year were driven below the poverty line from 2011 to 2014. Hence, in essence, there is a huge gap between those people who are getting poorer, housing insecure or homeless every year than those people who are getting rescued from those interlinked phenomena. In sum, hypothetically, even if 100% of the entire population of the chronically and episodically homeless people were permanently housed through the HPS, we would still be looking at a huge homelessness problem, numbering about 234,000 to 267,000 homeless people plus those nearly one million hidden homeless people, living anywhere in Canada, who by default, were excluded in the program.

Analysis of the Investment in Affordable Housing (IAH)

If the Homelessness Partnering Strategy aims to address Canadian chronic and episodic homelessness, Investment in Affordable Housing aims to address the needs of Canadians who are in core housing need. Historically, in 2001, with an initial investment

of \$680 million, the federal government introduced the Affordable Housing Initiative to develop new affordable housing units to address housing insecurity. By 2003, an additional \$380 million was invested in the program. Moreover, in 2006 to 2008, the federal government implemented the Affordable Housing Trust with \$800 million and the Northern Housing Trust with \$300 million funding to address the short-term pressure to affordable housing supply. By September 2008, the federal government committed \$1.9 billion five-year investment in housing and homelessness and extended the Affordable Housing Initiative until March 2011. Subsequently, in July 2011, the federal and provincial and territorial ministers declared a \$1.4 billion combined investment under the Affordable Housing 2011-2014 Framework Agreement. This agreement, also known as the Investment in Affordable Housing was extended until March 2019 (CMHC, 2016).

The goal of the IAH is to “...reduce the number of Canadians in need by improving access to affordable housing” (CMHC, 2016, Investment in Affordable Housing, para 1). Under this program, the provincial and territorial governments have to cross-match the federal funds with sources coming from the municipalities, non-profit organizations, or private sector. The combined funding is then utilized by the former to: foster safe, independent living for seniors and persons with disabilities through provision of accessibility modifications, and accommodations for victims of family violence; improve and preserve the quality of affordable housing through renovations; improve housing affordability through rent supplements and shelter allowances; and, increase the supply of affordable housing across Canada through new constructions. Moreover, under the IAH, the provincial and territorial governments have the flexibility to choose and invest in programs and initiatives that they believe can best address housing insecurity.

In fact, the federal government acknowledges that they are in the best position to decide on how to allocate the funding (CMHC, 2016).

To date, according to CMHC (2016), from 2011 to 2014, the program have increased the supply of affordable housing across Canada by 5,689 households; improved housing affordability for 159,358 households; improved and preserved the quality of affordable housing for 28,995 households; and fostered safe, independent living for 11,645 households. Furthermore, the provincial and territorial governments have claimed a federal funding amounting to \$1.233 billion from April 2011 to 30 June 2016 under IAH that benefitted 281,799 households units; of which, 186,504 households units were located in Quebec.

Those statistical data indicate that IAH do not prioritize construction of new affordable housing units. In fact, two-thirds of those reductions in core housing needs were concentrated in Quebec, which were achieved mostly through the province's shelter allowance program (CMHC, 2016; Revenu Quebec, 2016). Furthermore, it means that only 17% of 1,665,076 private Canadian households in core housing need in 2011 (CMHC, 2011; Statistics Canada, 2015) or only 9% of 3.1 million Canadian households experiencing unaffordable housing (Wellesley Institute, 2010) were helped out of housing insecurity in the last five years. Thus, to date, we are still facing an enormous Canadian housing insecurity problem, numbering about 1.318 million to 2.818 million Canadian households. Pomeroy's (2015) analysis of the recent trends in Canadian housing confirms that: First, the steady rise in housing prices has surpassed the rate at which the corresponding family income rises, resulting to home ownership costs that are beyond the financial capability of many first-time buyers. Second, there are but few new

rental constructions and limited rental options, resulting in more housing insecurity. Third, the quantity of lower-rent housing is dwindling due to demolition and conversion to high-paying condominium rental, which makes it harder for low-income Canadians to overcome housing insecurity and for those Housing First beneficiaries to escape homelessness. And lastly, the social housing segment is at risk due to cancellation of long-term federal subsidies, which will end in the year 2037. Thus, the crises on housing insecurity and homelessness persist.

However, despite strong evidence, the current budget for affordable housing investments, is increased to only \$2.305 billion over two years, including the additional \$504.4 million for the IAH and the additional \$111.8 million allocated to HPS over two years (Minister of Finance, 2016). This means that the total Canadian governments investments for housing insecurity and homelessness is only about \$1.3 billion per year. Unfortunately, this is just about one-third of the \$4 billion per year for 10 years budget for affordable housing and homelessness being recommended by Gaetz, Gulliver & Richter (2014). Hence, I argue that both IAH and HPS are insufficiently funded and therefore will be unable to prevent or reduce Canadian housing insecurity and homelessness in a wider scale. Moreover, what is more puzzling is that both policies failed to cite or explicitly state that under the Universal Declaration of Human Rights, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing...” (UN, 1948, Article 25, Section 1). Thus, IAH and HPS are not solidly grounded on human rights principles.

To summarize, I contend that Housing First approach should be credited for radically shifting the discourse on homelessness from the ‘traditional approach’ or

‘treatment first approach’ to ‘housing first approach’. In contrast, it is clear that the HPS focuses more on rapidly rehousing people who are already homeless and the IAH, on providing supports to households that are already in core housing need. Therefore, I conclude that both are ‘emergency services approaches’ rather than ‘prevention approaches’ to Canadian housing insecurity and homelessness.

Furthermore, I argue that the traditional continuum of care, rapid transition, and emergency services approaches to housing insecurity and homelessness are rather more informed by positivism and empiricism than critical realism. Similarly, evidence suggest that the HPS, IAH and to a certain extent, the Housing First approach is heavily influenced by the former worldviews. In sum, I conclude that those are rather ‘programmatically approaches’ aimed at intervening only to alleviate the immediate life conditions of targeted classes or groups of people. Thus, drawing on Archer, et al (1998), Bhaskar (1993, 1998, 2008), CCR (n.d.) and (Marx 1859, 1873), I argue that the HPS, IAH and Housing First approach commits the errors of ‘*epistemic fallacy*’ and ‘*fallacy of actualism*’. Those programs collapsed reality by reducing the whole into parts and simplifying the complex interrelated phenomena that I am investigating; thus, guilty of reductionism and naïve realism. More specifically, they have not only separated and isolated the underlying societal structures, processes and relations that predominantly shape housing insecurity and homelessness, but actually, have not dug deeper into those societal conditions. Moreover, as noted earlier, they say little about the inequitable distribution of income and wealth, imbalance in power and influence, and the societal forces that shape public policies that either maintain the existing societal structures, processes and relations or radically change them and transform societies. More

importantly, they do not attempt to expose, critique, and change the existing economic and political system that has created the national crises. Indeed, they see and act only on the ‘visible therefore real’ iceberg, but fail to see and act on the ‘invisible but real’ forces beneath the iceberg. Therefore, I argue that they are rather decontextualized and depoliticized. Gaetz (2010) is right. He states: “...until the structural conditions that created and perpetuate homelessness [and housing insecurity] are addressed, efforts to end homelessness [and housing insecurity] will be limited at best” (p.21).

What should be done?

Unmistakably, the current federal housing and homelessness policies can do little to end, prevent, or reduce housing insecurity, homelessness, and health inequities.

Similarly, akin to Housing First approach is what I term as “Hulchanski’s Strategy to Housing Insecurity and Homelessness”. Hulchanski (2009) has proposed the following spheres of actions: first, affordable housing must be in the government’s political agenda; second, the cause and solution to [housing insecurity] and homelessness is housing, income, and social supports; and third, legal actions to challenge the courts that “homelessness is a violation of the Charter of Rights and Freedoms” (p.9). However, this strategy like the Housing First approach, HPS, and IAH fails to take into account the other social determinants of health, such as income distribution, precarious employment and working conditions, early childhood development and education, as well as social exclusion that are directly or indirectly linked to housing insecurity, homelessness, and health inequities.

Therefore, I am proposing a more promising alternative policy approach, which I conceptualized and called, “*A Critical Approach to Canadian Housing Insecurity and*

Homelessness as Informed by Political Economy and Social Determinants of Health”, which I firmly established on the 14 (now 16) social determinants of health originally developed at York University¹⁵ (Raphael, 2009; Mikkonen & Raphael, 2010; Raphael, 2016). Those social determinants of health are strongly grounded on scientific, historical, critical, and systematic evidence that both as a theory and approach can effectively reduce housing insecurity, homelessness and health inequities and other factors that contribute to it. Its importance is very well recognized both nationally and internationally and in fact, it has been adopted by the member states of the World Health Organization (WHO 1986, 2008, 2012). The WHO (2012) states:

“The social determinants of health (SDH) are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.” (p.1).

Thus, I argue that the social determinants of health can serve as a catalyst that can embolden the adoption of a political economy approach to Canadian housing insecurity and homelessness. As said earlier, through the SDH, people can better understand the workings of political economy and how it affects their everyday human conditions. Moreover, I contend that political economy, while acting on SDH, can fundamentally expose the underlying societal structures, processes and relations that create most of the inequities in our society. More specifically, it can uncover the various economic and

political forces that shape the inequitable distribution of wealth and power and other societal resources.

The key social determinants of health and the forces that are shaping them

Income and income distribution primarily determines the abilities of the individuals or families to acquire financial or monetary means, which can meet their basic needs. Unfortunately, the wealth of the world is inequitably distributed. In fact, the combined wealth of the poorest half of the world's population is just equal to the wealth of 62 richest individuals (Oxfam, 2016). In Canada, the richest 10% and 20% own about 50% and 70% of the country's wealth, respectively, while the poorest 20% own nothing (Butler, 2016). This wealth imbalance, I argue, among others, can be linked to widening income gap between the rich and the poor. Evidence suggests that CEOs in Canada, even during economic crises, earned 189 times higher than the average wage earners. More specifically, in Toronto, income inequality has increased by 31% from 1980 to 2005 (Butler, 2016). Thus, it is hardly surprising that in 2011, 8.8% or 2.95 million Canadians were living below the LICO-after tax and 12.9% or 4.38 million Canadians were living below the LICO-before tax (Statistics Canada, 2012c, 2013a, 2015b). Furthermore, compared to Bill Gates' daily income of USD 31,506,849.00 (Paywizard, 2015) and real time net worth of \$75 billion (Forbes, n.d), Canada's homeless people make a meager \$300 to \$685 monthly income (Goering et al., 2014) or \$10 to \$22.80 daily income. Sadly, it is well established that income inequalities result in health inequalities (CIHI, 2006, 2015; CMA, 2013; Coburn, 2000, 2004; Khandor & Mason, 2007; Hwang, Wilkins, Tjepkema, O'Campo & Dunn, 2009; Marmot, 2016; Mikkonen & Raphael, 2010; Raphael, 2009, 2010, 2011, 2016; Tjepkema, Wilkins & Long, 2013; Wilkinson,

1992, 1997, 1999). On the contrary, CIHI (2015) discovered that the hypothetical impact if Canadians in bottom 4 income levels experienced the same indicator rate as those in highest income level, there would have been 1.6 million fewer Canadian households in core housing need and 15.1% or 300 fewer infant deaths in 2011, 1 million fewer households with food insecurity in 2011-2012, and 26.8% or 40,300 fewer mental illness hospitalization in 2012. Indeed, income and its distribution are inextricably linked with and directly shape poverty, housing insecurity, homelessness, and health inequities.

Employment Security and Unemployment directly determines income. Most fixed incomes are earned from stable jobs such as regular or full-time permanent employment, which provide additional benefits and security. In contrast, variable incomes are earned through unstable jobs such as part-time, temporary, casual, contractual, seasonal, self-employment, and multiple employments, which provide few benefits or none at all. Unfortunately, as of August 2016, 7.0% or 1,361,100 Canadians are unemployed and 19.1% or 3,443,800 are part-time employees. Moreover, of the 15,312,000 employees, 18% or 2,737,600 of them are rather self-employed and 76% or 11,688,200 of them are private sector employees (Statistics Canada, 2016c; d; e). Thus, those statistics mean that 4.804 million Canadians are either unemployed or employment insecure, or one in every four Canadian workers is either jobless or job insecure. In retrospect, Goering et al (2014) found that 93% of homeless people in Canada were unemployed and as mentioned, more than 4 million Canadians were living below the LICO-before tax in 2011. Thus, indisputably, unemployment and employment insecurity contributes to the prevalence of poverty, housing insecurity and homelessness. Furthermore, *Precarious Employment and Working Conditions* result in employment and income insecurities, and

subsequently, according to Block (2010) and Tompa, Polanyi & Foley (2016), physical and mental health deterioration of the workers. Moreover, Mikkonen & Raphael (2010) found that those persons who are most likely to experience precarious work are those who have lower education and income. Yet, paradoxically, in today's labour market, even those who have higher educational attainment, with permanent full-time employment, and higher income levels are likewise dealing with hazardous workplace and occupational conditions. Unfortunately, in Canada, precarious work are widespread (Jackson & Rao, 2016) and on the rise (Tremblay, 2016). Interestingly, most Canadians are employed in private rather than public sector. Hence, private businesses and corporations are rather implicated to the incidence of unstable employment status, low wages, and low incomes of the working class. Inevitably, precarious employment and working conditions result in poverty.

Education is fundamentally linked to employment and income. Evidence suggests that it can significantly reduce the employment rate differences between persons with disabilities and those without disabilities, especially between university graduates (Turcotte, 2014). Moreover, Ferrao (2010) and Turcotte (2014) also found that persons with higher educational attainment have higher likelihood of being employed, even in economic crises. In fact, a person with a higher educational level is most likely to earn higher wages and incomes than a person with a lower educational level. In contrast, Goering et al (2014) found that 56% of the participants in the At Home/Chez Soi project has no high school diploma. Yet, despite evidence, in Canada, post secondary education is increasingly being commodified as demonstrated by the continues rise in tuition fees for nearly two decades, resulting in substantial student financial debts (Canadian

Federation of Student, 2013; Oxfam 2016b). Indeed, education is paradoxical. It can be a way out of poverty or vice versa.

Early Childhood Development shapes the future socio-economic status of the person. More specifically, Piraino, Chen & Ostrovsky (2016) found that it is the father who largely determines the intergenerational income mobility of the children. Historically, in Canada, the LICO-after tax and the LIM after tax in 2011, for persons under 18 years old was 8.8% and 15.1% respectively. In 2014, the total number of persons living in all low income family types as measured by LIM before tax was 6,051,970 or 17.7% of all family types. On the same year, the LIM-after tax for persons under 18 years old was 14.7%. (Statistics Canada, 2015a). Thus, this means that in 2011, 2.89 million children were living in poverty as measured by LICO after tax and in 2014, more than 5 million children were living in poverty as measured by LIM-after tax. Unfortunately, these financial and economic deprivation experienced by Canadian families are further aggravated by the lack of affordable childcare centers in the country. In fact, according to Ferns & Friendly (2014) only 20.5% of children aged 0-12 years old have access to regulated child care spaces across Canada. Consequently, their parents and guardians are constrained to participate in the labour force. Unsurprisingly, Goering et al (2014) found that 62% of homeless people experience physical, sexual, and emotional abuse during their childhood. These experiences are often associated with poverty. In contrast, in 2011, there would have been 23% to 29% or 14,800 fewer children vulnerable in areas of early development, in British Columbia, Manitoba, and Ontario alone, if Canadians in bottom 4 income levels experienced the same indicator rate as those in highest income level (CIHI, 2015). Definitely, early childhood

development is intricately linked to poverty, housing insecurity, and homelessness. However, despite evidence, Canada is still without national childcare policy strategy (Family Services Toronto, 2015).

Social Exclusion, I argue, is largely shaped by societal forces that maintain the imbalance in power and influence between different classes and groups of people. I contend that it is rather sustained by societal structures, processes, relations and institutions that privilege specific classes and groups of people and marginalize others resulting in inequitable access to societal resources. According to Galabuzi (2006), Galabuzi (2016), and Galabuzi & Teelucksingh (2010), social exclusion results in precarious employment, underemployment, unemployment, low income, poverty, housing insecurity, and homelessness, which is “an extreme form of social exclusion...” (Galabuzi, 2016, p. 403). In Canada, women, LGBTTTQ, Indigenous people, people of color, new immigrants, and people with disabilities are most likely to experience social exclusion. These specific classes and groups of people are at greater risks of Canadian housing insecurity and homelessness than the general population. Thus, I affirm that social exclusion is closely related to and can directly shape housing insecurity, homelessness, and health inequities¹⁵.

Overall, I argue that the present conditions of those inequitably distributed social determinants of health, are largely determined by a political and economic system that maintains the inequitable distribution of societal resources. The existing Canadian political and economic system, I contend, allows the accumulation and concentration of economic and political resources in the hands of the few elite class of people at local, national, and global levels, which in essence, dispossess most Canadians of the available

means to cope with their basic necessities of daily living. Thus, I conclude that those richest individuals, CEOs and the big corporations that they represent, which influence public policies in favour of few private entities over public interests, are the ones mostly responsible for the creation and persistence of inequitable income distribution, low incomes, precarious employment and working conditions, low wages, exorbitant costs of post secondary education, and housing insecurity. Langille (2016) specifically identified the managers and owners of transnational corporations as among those societal forces shaping the inequitable distribution of social determinants of health. Hence, to address those inextricably linked societal conditions, I outlined some of the following recommendations.

Recommendations

The main purpose of my recommendations is to provide general ideas and directions as to where future research and policies on Canadian housing insecurity and homelessness should move forward. The technical and detailed aspects of those proposals are outside the scope of this paper. I hope that this weakness would be enhanced in the near future.

My first and foremost recommendation is for the Canadian governments (in collaboration with civil society and community organizations, policymakers and decision makers, academics and researchers, and other stakeholders) to draw a comprehensive, long-term, sufficiently funded National Anti-Poverty Strategy that will include national strategies on affordable housing and homelessness, early childcare, post secondary education, and food security among others. Thus, both State and societal actors should exert mutual efforts into ensuring that all classes and groups of people are rather

consulted and represented in the conception, planning, implementation, monitoring, and evaluation of those national strategies.

More specifically, I am recommending that all levels of Canadian governments (municipal, provincial/territorial and federal government) should fulfill their commitments and obligations, as State party to several international human rights covenants and treaties, including the International Covenant on Economic, Social and Cultural Rights. Hence, the new national housing and homelessness strategies should be above all, be rooted in human rights perspective. The WHO (2016) declares:

“A human rights-based approach to addressing the social determinants of health means supporting the collective action of disadvantaged groups to analyse, resist and change social structures and policies, assert their shared power and alter social hierarchies towards greater equity. A human rights-based approach argues that the primary responsibility for protecting and enhancing health equity rests with national governments. When inequalities arise systematically as a consequence of individuals’ social positions, governance has failed in one of its prime responsibilities, i.e., ensuring fair access to basic goods and opportunities that condition people’s freedom to choose the life they value....These human rights arguments are important for policy-makers and advocates: “A human rights perspective removes actions to relieve poverty and ensure equity from the voluntary realm of charity... to the domain of law”” (WHO, 2016, para 3-4).

Thus, I call upon Canadian governments to categorically state in all its policy documents that housing is a fundamental universal human right, guaranteed both by international and national laws. This will ensure that everyone is guaranteed access

to and can legally claim for affordable, safe, and suitable housing regardless of physical and mental state conditions or socio-economic status of the people. Moreover, this will make certain that the new strategies would be comprehensive, long-term, and sufficiently funded. It is therefore a preventive rather than an emergency approach. Yet, to realize human rights based approach, civil society organizations should relentlessly pressure intergovernmental organizations and governments into fulfilling their human rights obligations. Further, what is more crucial is to shift the housing and homelessness discourse in general and the Housing First discourse in particular, towards the social determinants of health and political economy discourse.

Moreover, I contend that evidence-based solutions to Canadian housing insecurity are quite available. All the Canadian governments have to do is to review and implement the most effective policies that they have operationalized before the cancellation and decentralization of the federal housing programs. Thus, the new national housing strategy should focus more on increasing the supply of affordable housing units, both for rental and ownership purposes. More specifically, constructions of new social and public housing, cooperative housing and non-profit housing units should be prioritized. Furthermore, to reverse the current housing trends, the new policy should aim to reduce the ownership costs of housing; build more rental housing units; stop the demolition of low-rent housing units and its conversion to high-paying condominiums; and, ensure long-term federal housing subsidies.

Likewise, the new federal homelessness strategy should go beyond chronic and episodic homelessness to include hidden homelessness and homeless youth, women,

family, seniors, aboriginal people, people of color, and new immigrants - with or without mental illnesses and substance abuse issues, which means expansion of the Canadian Housing First approach under the Homelessness Partnering Strategy. I further propose that the Housing First organizations continue its lead role in helping those marginalized and stigmatized groups of people and make certain that homeless people get the first access to housing and other social supports. Moreover, I suggest that a feasibility study of building innovative public-funded private-operated non-profit long-term care facilities and nursing homes dedicated to homeless people be conducted. And more specifically, I recommend that instead of relying heavily on ‘targeted approach’, the new strategies should utilize ‘proportionate/targeted within universal’ approach, which attempts “to distribute benefits across the social gradient, relative to need” (Public Health Agency of Canada, 2016, p.10). This might be the most equitable approach to Canadian housing and homelessness equity-related issues.

Undoubtedly, housing alone does not guarantee freedom from housing insecurity and homelessness. Income that can maintain housing is key. Thus, I am recommending income and income redistribution-related policies such as increasing the minimum wage, legislating living wage, increasing social supports, and new progressive taxation scheme. Specifically, I propose that Canadian governments follow the example of Alberta. Just recently, their provincial government, led by the New Democratic Party, announced that the current minimum wage of \$11.20 per hour would be increased to \$15 per hour on October 2018. In fact, the province has a yearly minimum wage increase of at least \$1 per hour since 2015 (Bennett, 2016). However, I argue that compared to minimum wage, which is the legal minimum the employers must pay to workers, legislation of a living

wage is a better policy alternative to help people out of poverty. A living wage is an hourly rate that ensures that individuals and families meet their basic needs. It is computed based on income after tax and transfers. Evidence suggests that paying employees with living wage show positive results both for owners and workers. In fact, employers from various communities across Canada have already adopted this strategy (Living Wage Canada, 2016). Furthermore, to address precarious employment and working conditions, Canadian governments should ensure that their public policies and laws protect the labour sector over the capital sector. Thus, they should not allow big transnational corporations to operate businesses, anywhere in Canada, without unionized employees. As exemplified by the experiences of Quebec's Wal-Mart workers where the Supreme Court of Canada, in a labour law dispute, decided in favour of the union over the corporation (CBC, 2014), this policy is rather doable. Moreover, among others, they should pass laws that automatically converts casual, temporary, or part-time employment status to permanent full-time status after an employee has for instance, accumulated a total of 450 working hours. Furthermore, to greatly reduce workplace injuries, government agencies should strictly enforce and strengthen the Canada Occupational Health and Safety Regulations, ensuring heavy fines for violators. More importantly, the tight regulations in accessing Employment Insurance (EI) benefits should to a certain extent be relaxed. I suggest that policy changes in EI should include but not be limited to reduction in the qualifying period or hours, increase in maximum insurable earnings amount, and extension in the length of time that benefits can be received.

In Canada, despite various government social supports, evidence suggests that in 2014, the LIM-after tax have only decreased poverty by about 4.7% (i.e., LIM before tax

of 17.7% minus LIM after tax of 13%). Thus, hypothetically, if government investments in social supports were rather quadrupled in 2014, poverty as measured by LIM-after tax, would have been eliminated that year. Indeed, the current social supports are insufficient to reduce poverty in a greater scale. Therefore, rather than retrenchments, Canadian governments should reinvigorate the welfare state.

Hence, I specifically recommend that Canadian governments adopt and legislate guaranteed basic income. The MINCOME in Manitoba is a proof that it improves health and social outcomes and reduces access to healthcare systems (Forget, 2011), which means cost reductions and government savings. This guaranteed basic income must be implemented using a ‘proportionate / targeted within a universal’ approach to equity. For instance, it must be given unconditionally to chronic and episodic homeless people or for those who have severe mental and physical disabilities, as well as for those family members who are personally taking care of them. Moreover, instead of closing childcare spaces, Canadian governments should aim to construct more of them to give parents and guardians the opportunities to enter the Canadian labour force. Furthermore, Canada Child Tax, Old Age Security Pension, Canada Pension Plan, Quebec Pension Plan, Registered Retirement Savings Plan, Registered Education Savings Plan, and Disability Tax Credit benefits should be increased. Likewise, the federal government should expand the Canada Health Act, and re-include among others, free eye, dental, and diagnostics services for low and middle-income families. More importantly, the Canadian healthcare system must be protected from privatization by enshrining in the Constitution that it will remain public-funded and not for profit.

Likewise, I am recommending that, say in the next decade, Canadian governments should freeze, then reduce and finally eliminate post secondary tuition fees. I propose that government policymakers emulate Sweden, Norway, Iceland, Finland, Denmark, and Germany where students do not pay for tuition fees. Similarly, in Brazil, Cuba, Venezuela, Ecuador, and Argentina, post secondary education is free in public institutions. Moreover, in Switzerland, Belgium, Luxemburg, Austria, France, and Spain, students pay but nominal fees. Moreover, in 2015, our own Newfoundland and Labrador has abolished the provincial students loans, effective until 2019 (Canadian Federation of Students, 2015). Thus, aside from universal free education, I also recommend that Canadian student loans be scrapped.

Therefore, it is necessary for the Canadian governments to legislate a new more progressive taxation scheme, which increases employment income tax for the upper class, lowers the middle-class, and exempts the lower class; and, increases the corporate tax for big transnational corporations and lowers the small to medium-size companies. Capital income should also be taxed more than employment income.

In sum, I argue that focusing more on equitable income and wealth redistribution is central to ending housing insecurity and homelessness. In fact, according to CIHI (2015), the hypothetical impact if Canadians in bottom 4 income levels experienced the same indicator rate as those in the highest income level, there would have been 1.6 million fewer Canadian households in core housing need in 2011 and 1 million fewer households with food insecurity in 2011-2012. This means that there would have been only 65,076 Canadian households left in core housing need in 2011, if we take into account that there were 13,320,615 private Canadian households in 2011 (Statistics

Canada, 2012b) by which 12.5% were in core housing need (CMHC, 2011). Indeed, income security can directly solve, prevent and end housing and food insecurity, and most likely, homelessness. Yet, what is essential is to first and foremost, for the federal government to officially define poverty.

Lastly, in Canada, various laws that protect specific classes and groups of people from social exclusion and systemic discrimination are in place. Yet, there is a need for government agencies to stringently enforce among others, the Canadian Human Rights Act, Canadian Employment Equity Act, and Canadian Pay Equity laws. Furthermore, I suggest that Canadian governments adopt the *UN Declaration of the Rights of Indigenous Peoples* (UNCA, 2007) and the *Truth and Reconciliation Commission of Canada: Calls to Action* (TRCC, 2012). I would specially recommend the establishment of an ‘electoral party list system’, which will secure the representation of those socially excluded groups as well as other marginalized groups such as labour, youth, farm workers and urban poor. This will radically reform Canada’s existing electoral system and political processes. Thus, this must be further studied.

The big difference

To summarize, my *approach* is better than the current federal housing and homelessness policy approaches in several ways. First, it is a very comprehensive approach that incorporates the ‘evidence based’ and ‘best practice’ Housing First model. Moreover, contrary to the narrow and exclusive Homelessness Partnering Strategy, it is broader and inclusive, because it attempts to solve all types of Canadian homelessness. And, more than Investment in Affordable Housing, which scarcely reduced housing insecurity by maintaining, preserving and improving the quality of existing affordable

housing, it focuses more on the construction of new social and public housing units to prevent new groups of people from experiencing housing insecurity and homelessness. Thus, my approach is preventive rather than emergency approach. Second, my *approach*, like the Housing First, is deeply embedded on human rights perspective. Yet, contrary to HPS and IAH, it calls for legislation of national housing and homelessness strategies, which explicitly state that housing is a universal basic human right; and, demands that the new strategies be comprehensive, long-term, and sufficiently funded.

Third, my *approach* is more income and employment-sensitive policy approach. It stresses that key to ending housing insecurity, homelessness and health inequities, are income and wealth redistributive policies that ensure permanent, full-time, and safe employment arrangements that provide stable adequate source of income. In contrast, the current federal housing and homelessness policies do not significantly address unemployment, underemployment, as well as precarious employment and working conditions. Thus, my *approach* is more sustainable because it aims for financial and economic self-sufficiency, rather than dependency on government income and social supports. Fourth, my *approach* is more education and life course-sensitive policy approach because it takes into account the crucial role of those two social determinants of health in shaping the socio-economic status of the people, whereas, the current approaches speak little about them.

Fifth, my *approach* goes beyond the ‘first and foremost, housing first’ doctrine of Housing First model because it takes into account that housing is inseparable from other social determinants of health. Thus, in line with critical realism, it is open to the possibility that stable employment and adequate income could be the first and foremost

problem and solution to housing insecurity and homelessness. Moreover, my *approach* contends that housing insecurity, homelessness, and health inequities are not only caused nor can only be solved through housing, income, and social supports but more critically, by scientifically tackling in an integrated manner the aggregate of various correlated social determinants of health. Sixth, my *approach* is more socially inclusive policy approach because it critically examines and addresses social exclusion as experienced by certain groups of people because of gender, race, disability, immigrant status, and indigenous ancestry. In contrast, HPS has further marginalized some groups of people by targeting mostly chronic and episodic homeless people. Indeed, the current federal housing and homelessness policies scarcely challenge social exclusion, despite evidence that it is inherently interconnected with and thus contributes to housing insecurity, homelessness, and health inequities. Seventh, my *approach* is more Indigenous and geographically sensitive policy approach because it grapples with the structural causes of both rural and on-reserve housing insecurity, homelessness, and health inequities. In contrast, the current federal housing and homelessness policies, being urban-centric, barely tackle rural and remote homelessness issues. And lastly, my *approach* wrestles with food insecurity, which is rather absent in Housing First and Homelessness Partnering Strategy.

Indeed, my *approach* is a better policy alternative because it is a holistic rather than reductionist approach. It does not only try to understand and speak about housing insecurity and homelessness but more importantly, attempts to expose, critique, and change the underlying societal structures, processes and relations; and, the imbalance in power and influence of the various economic, political and social forces that shape the

inequitable distribution of various social determinants of health and other societal resources. This is the bottom line of the differences between my *approach* and the current approaches to housing insecurity and homelessness.

Barriers to the realization of “A Critical Approach to Canadian Housing Insecurity and Homelessness as Informed by Political Economy and Social Determinants of Health”

As now fully established, guided by Marx (1859, 1873) and critical realism, I conclude that SDH are real and knowable. In fact, they are interrelated, fluid, and changeable. Moreover, since they are historically developed, they could be transformed. Specifically informed by Bhaskar’s (1998) theorization of the *transitivity* and *intransitivity* of things, I conclude that those SDH permanently shape and transform each other; and, the present economic and political system that embraces neoliberalism could be changed. However, in Canada, despite strong evidence, those various SDH, and societal forces are often viewed as separate, rather than, interrelated societal phenomena. This level of societal consciousness is rather positivist- and empiricist-informed ways of thinking and doing things. It is a worldview influenced by the ideology of the dominant societal forces sustaining an economic and political system that adheres to market-oriented philosophies. As a result, instead of taking bolder actions to change the ensemble of societal structures, processes, and relations that create Canadian housing insecurity and homelessness, and rather than implementing systematic and integrated policy approach to solve those societal conditions of life, Canadian governments maintain haphazard public policy actions that hardly change those existing societal structures, processes, and relations. Thus, my *approach* faces tough challenges for its adoption,

adaptation, or implementation.

First, individualism is deeply rooted in Canadian ways of thinking and doing things. In fact, according to the results of a national survey conducted by the Salvation Army in 2011, it was discovered that 40% of Canadians presumed that people chose to live on the streets, 23% believed that people are poor because they are lazy, and 20% stated that people must be blamed for their own situations. In contrast, a 2007 report by the Street Health in Toronto, revealed that 52% of homeless people surveyed affirmed that they became homeless because of economic reasons such as high cost of rent, low income and unemployment, and 78% said that the same reasons have prevented them from finding and maintaining housing (Khandor & Mason, 2007). Thus, I argue that the former worldviews are rather influenced by neoliberalism (Coburn, 2000, 2004, 2010) and by the *ideology of choice*, which results in victim blaming stance (Lowenberg, 1995), while the latter worldviews are rather more influenced by critical realism. The Canadian individual-centric philosophy becomes a major barrier to my *approach* because it promotes the idea that all things that are true of the individual are consequences of his or her own choices and actions. Therefore, it negates the existence of societal structures (e.g. economic, political and legal, social and ideological) and the underlying societal relations, which in reality, predominantly determine the economic, political, social, and cultural living conditions of the individual that influence and constrain his or her choices and actions. Unfortunately, nearly half of the Canadian population believes that poverty, housing insecurity, homelessness, and health inequities are choices and actions individuals make and must be responsible for.

Secondly, Canada is a liberal welfare state. Esping-Andersen (1990, 1999) argues that a liberal welfare state tends to have substantial market-oriented policies in contrast to a social democratic welfare state, which tends to have substantial labour-oriented policies (Coburn, 2000, 2004). Thus, Canadian governments' loyalty to liberal form of welfare state becomes a major barrier because embedded in my *approach* are labour-oriented policies such as unionization of the workplace and legislation of decent living wage that undermine the profit-oriented business sector. Indeed, "the liberal welfare state provides barren soil for a social determinants of health approach" (Raphael & Stevens, 2016, p. 564). Yet, this stark reality may just open opportunities for Canada to shift towards a social democratic form of welfare state. For example, it could spark public debates on how and why compared to the Nordic countries, in 2011, its poverty rate was 11.8% compared to Sweden's 9.7%, Norway's 7.7%, Finland's 7.5%, Iceland's 5.8%, and Denmark's 5.8%. And, how and why, for the last 20 years, its poverty rates were nearly doubled compared to Finland and for the last 10 years, twice greater than Iceland (OECD, 2106). Surely, most Nordic countries have better anti-poverty strategies than Canada that are worth emulating.

Thirdly, Canadian governments continue to embrace the market-oriented philosophies of economic globalization and neoliberalism. Coburn (2000, 2004) contends that those duo political economic ideologies, fuelled by the power of capital, overpower labour in the market and lessen social cohesion. Consequently, these weaken welfare state and intensify income inequality, poverty, and social inequality. And subsequently, the decreases in social cohesion and increases in inequalities result in overall deterioration in health and well being of the individual in particular and society in

general (Coburn, 2000, 2004). Similarly, Monbiot (2016), concludes that the root cause of all our societal problems is neoliberalism. In contrast, my *approach* is chiefly designed to improve the power of labour in the market rather than the power of capital. Moreover, it demands to fortify and bolster the welfare state rather than weaken and devitalize it. Furthermore, it calls for solidarity and collectivism to build-up social cohesion rather than undermine it. In addition, it advocates for progressive and redistributive public policies based on social justice and equity that can help reduce economic, political, social, and health inequities as opposed to regressive policies that inequitably allocate the societal resources in the hands of the few. In sum, my *approach* appears to be the exact opposite of a neoliberal policy approach, which is at the core of the current Canadian economic and political system. Therefore, I expect strong opposition from many State actors who are advancing neoliberalism. Surely, this is a great stumbling block. On the other hand, some prominent economists of the International Monetary Fund – a foremost proponent of neoliberalism, unequivocally admitted, that indeed, the ideology has created marked inequities in the midst of the economic growth (Ostry, Loungani & Furceri, 2016). This admission provides opportunities for innovative and redistributive policies that deviate from neoliberal ideas. Thus, in today’s uncertain political and economic conditions, my *approach* stands a chance of being adopted.

Fourth, Canadian public policymakers are increasingly influenced by big businesses and corporations. Langille (2016) categorically claims that, “...Canadian public policy has been moulded to the needs of the transnational corporations” (p.470). He argues that the managers and owners of those big corporations have succeeded in

pressuring governments to implement a neoliberal approach to macro-economic policy in favour of the elite 1%. He also contends that Canada's economic and social wellbeing was eroded as a result of corporate strategies that undermine the welfare state and bolster corporate profits (Langille, 2016). In contrast, my *approach* demands, among others, increases in corporate taxes, which means undermining the power of corporations and decreasing corporate profits. Furthermore, it calls for government policies that will equitably redistribute wealth and power, from the hands of elite individuals and corporations, back to the hands of the public sector. In fact, my *approach* essentially benefits the low and middle-class but not the upper class, shareholders, managers, and owners of big transnational corporations. Indeed, it is tailored to protect the interests of the so-called 99% rather than the 1%. This is problematic because big business organizations such as those mentioned by Langille (2016) may see that my *approach* is an enormous threat to their economic and political power.

Lastly, some sectors of society and the government prove time and again do not realize the ways in which their actions contribute to health inequities (WHO, 2012). In Canada, Gasher et al (2007) found that health reporters remain unversed with the SDH, thus, underplay its roles, and overplay the roles of personal health behaviours and health care systems in shaping Canadian's health. This is problematic because without knowledge on how and why and to what extent housing insecurity, homelessness, and health inequities are being determined by those various SDH, mainstream media may view that my *approach* is nothing but an abstract concept. Indeed, without help from media people, it would be very difficult to widely disseminate my *approach* and gain public support. Consequently, the possibility of educating, organizing, and mobilizing

State and societal actors, in a much greater scale, to pressure the State into adopting my *approach*, is rather, significantly diminished. Magnifying this challenge is the fact that most Canadian mainstream media institutions are owned and controlled by private corporations. Yet, this barrier provides opportunity to educate low and middle-class mainstream media people of the benefits of my *approach* and persuade them to incorporate it in their news reportage to stir public debates.

Overcoming the barriers

There are three ways to realize my *approach*: first, through top-down policy strategy; second, through bottom-up policy strategy; and third, through ‘*Sandwich Strategy*’.

The first strategy, which I will call ‘traditional top-down policy strategy’, requires that Canadian governments will initiate ‘from above’ the legislation and systematic implementation of my *approach*. However, this is highly unlikely as most Canadian governments follow the doctrines of neoliberalism. Nevertheless, this strategy must not be ruled out, as Canada has a long history of enacting top-down redistributive public policies such as subsidized and affordable public and social housing, universal healthcare system, and MINCOME experiment. However, this strategy privileges the dominant role of the State or government over Society or civil society. Thus, it undermines the latter’s critical role in shaping public policies.

In contrast, what I will call, ‘revolutionary bottom-up policy strategy’ demands that my *approach* will be implemented, only if, there is an overwhelming pressure from social and political movements ‘from below’ that overpowers other competing powers and interests and compels the State into adopting it. This too is highly unlikely as most

Canadians are individualistic and rather seemingly unaware of societal structures, processes, and relations that shape various SDH. Moreover, in Canada, civil society organizations and other State and societal actors appear fragmented and seemingly unable to form a united struggle against the existing economic and political system. Yet, this bottom-up strategy must not be discounted as evidence shows that Canadians can rally behind common societal causes as exemplified by Occupy Movement Canada and “Maple Spring”. However, this strategy overplays the role of Society or civil society over the State or government. Thus, it underplays the latter’s critical role in shaping public policies.

In contrast, Fox (1993) proposes an alternative strategy, which he refers to as “sandwich strategy”. In fact, he challenges us to develop “an interactive approach to State-Society relations, which builds on the strengths of both state- and society-centered approaches while attempting to compensate for their limitations...the state action is the result of a reciprocal cause and effect relationship between changes in the balance of power within the state and shifts in the balance of power within society. Through conflict, each is transformed” (p.22). Thus, although based in the context of food politics in Mexico, I argue that the main philosophy of this “sandwich strategy” could be adapted in Canadian contexts. Likewise, Baum (2007) recommends that, “in order to crack the nut of inequity, practical action is needed both from government as well as the civil society” (p.94). Indeed, in a nutshell, redistributive public policies are realizable through interactive State-Society approach in the same way that health equity is attainable through collaborative efforts between the governments and civil society organizations. Therefore, I propose that a *Sandwich Strategy to “A Critical Approach to Canadian*

Housing Insecurity and Homelessness as informed by Political Economy and Social Determinants of Health” that takes into account the strengths and weaknesses of traditional State-centric top-down and revolutionary Society-centric bottom-up policy strategies, be further developed.

In essence, the *sandwich strategy to my approach*, combines efforts ‘from above’ by State actors and ‘from below’ by societal actors. In Canada, one of the better examples of this *sandwich strategy*, I contend, is Newfoundland and Labrador’s provincial anti-poverty strategy. At the core this poverty strategy are civil society organizations (societal actors) and governments (State and State actors), collaborating towards poverty reduction. In fact, this *State-Society or Government-Civil Society interactive approach* has produced an anti-poverty strategy which include among others, long-term provincial affordable housing and homelessness strategy such as the Social Housing Agreement, income supports such as HST credit and low personal tax, affordable post-secondary education which include grants and a tuition freeze, a 10-year Child Care Strategy which include Child Care Service Subsidy, major investment in healthcare which accounts for about 36% of the provincial budget, and increasing the minimum wage (CWP, 2015). Consequently, Newfoundland and Labrador becomes the only province in Canada that has a continuous decline in poverty levels in the last 10 years. Thus, a *sandwich strategy to my approach* is attainable in Canadian context. Yet, Fox (1993) reminds us: “...Some reforms are initiated from above while others are responses from below, but in both cases it often takes pressure from below to carry them out – certainly in Mexico” (p.40).

All those strategies necessitate educating, organizing and mobilizing various societal and State actors. Indeed, massive multimedia information and education

campaigns play a critical role in shifting the current housing and homelessness discourse towards, political economy and social determinants of health discourse. However, education and public awareness is insufficient to shape public policies without strong organization and mobilization of both the State and societal actors. Keefe, Lane, and Swarts (2006) provide evidence on how organized activism managed to build four health-based social movements, namely, Needle Exchange Program, Breast Cancer Activism, AIDS Coalition to Unleash Power, and Women's Health Movement that influenced social and health policy legislation. These movements went to achieve their objectives by undergoing processes, which can be generalized from one social movement to the next. Indeed, activists from these movements have employed common tactics and strategies such as grassroots education, direct action, and involvement in decision-making structures that shaped widespread health and social policy changes (Keefe, Lane & Swarts 2006). In Canada, advocacy groups for SDH already exist. These include the College of Family Physicians of Canada, Upstream, Health for All, Canadian Physicians for the Environment, Health Providers Against Poverty and Canadian Doctors for Medicare, to name a few. There is also the strong presence of the Canadian Alliance to End Homelessness and its partners as well as the Canadian Observatory on Homelessness, headed by Prof. Stephen Gaetz, an expert in the field of homelessness. Furthermore, there is the Wellesley Institute that specializes in housing research and policy solutions and works for the reduction of health inequities through SDH. Moreover, there is the SDH listserv composed of about 1,200 members, which is moderated by Prof. Dennis Raphael, an expert in the field of SDH, based at York University. Thus, I propose that an umbrella organization of these groups be established.

This ‘rainbow coalition’ should include other healthcare and outside health sector organizations like student and labour unions. It is foreseeable that this new independent organization can become a formidable societal actor that can effectively interact with State and State actors to affect redistributive public policies. Certainly, Canadians can be educated, organized and mobilized behind my *approach* as it encompasses almost all their imaginable economic, political, social, cultural, and health issues.

Overall, guided by critical realism, “*A Critical Approach to Canadian Housing Insecurity and Homelessness as Informed by Political Economy and Social Determinants Of Health*”, sees and acts not only on the tip of the iceberg, but more importantly, on the ‘invisible forces’ beneath it. Thus, it exposes the economic and political forces that predominantly shape the inequitable distribution of those SDH and other societal resources. Moreover, it shows that Canadian public policies shift as different political parties hold governmental powers, in different stages of Canadian societal development – those changes are shaped by the shifts in the balance of power within and among the State and societal actors. Moreover, it critiques the broader issues of power and influence and the societal forces that maintain the existing societal structures, processes, and relations that create and perpetuate Canadian housing insecurity and homelessness. Discovering sufficient evidence that political economy acts on various SDH, it recommends that addressing all those SDH in an integrated manner can solve multiple problems including poverty, housing insecurity, homelessness, and health inequities. Thus, unlike the current federal housing and homelessness strategies and to a certain extent, the Housing First approach, it attempts to change the existing societal structures, processes, and relations. Indeed, it radically shifts from Housing First discourse to SDH

and political economy discourse. Finally, it implies that as various State and societal actors or governments and civil society organizations, and various societal forces and classes and groups of people enter an inescapable societal relations, societal conflict is indeed, inevitable. Through this societal conflict, both people and society are rather transformed.

CHAPTER IV

CONCLUSIONS

Indeed, Marx's critical methodological approach, and Bhaskar's critical realism has best informed my findings, analysis, and recommendations. My MRP presented evidence explicating that housing insecurity, homelessness and health inequities are inextricably linked with and are largely determined by various social determinants of health. It showed that, rather than individual factors, those SDH are overwhelmingly shaped by societal structures, processes, and relations, which are being maintained by the dominant economic, political, and social forces in Canadian society. It revealed that those societal conditions persist because Canadian governments failed to legislate healthy public policies that equitably redistribute economic and other societal resources. It further demonstrated that those policy failures are linked to Canadian governments' affinity to market-oriented philosophies of economic globalization and neoliberalism. Yet, my MRP also indicated that the absence of strong social and political movements that contest the State and corporate powers has contributed to the persistence of the existing economic and political system that accumulates and concentrates Canada's societal wealth and power in the hands of the few.

However, although housing insecurity, homelessness, and health inequities are multilevel multifactorial societal problems, my MRP provided sufficient evidence that those societal conditions can be prevented and substantially reduced, if not totally ended, through "*A Critical Approach to Canadian Housing Insecurity and Homelessness as Informed by Political Economy and Social Determinants of Health Approach*". Yet, this would not be an easy task, for this approach is both a means to an end and an end in

itself. Barriers to its realization, however, can be overcome through a more promising “*Sandwich Strategy*”, which is anchored on the theory that redistributive public policies can be achieved through *State-Society interactive approach* (Fox, 1993) and that *cracking the nut of health equity* can be realized through collaborative relationships between governments and civil society organizations (Baum, 2007). The foreseeable major weakness of this strategy, given the Canadian context, is its over emphasis on State (governments and State actors) and Societal actors (civil society organization) relations. Thus, it is more likely that lack of Canadian governments’ interest and political will to change the current economic and political system ‘from above’ despite strong pressures from social and political movements ‘from below’ will jeopardize any civil society actions that call for the adoption of my overall approach. In the end, history shows that most fundamental societal change, indeed, arises ‘from below’.

ENDNOTES

¹ Neoliberalism "...is in the first instance a theory of political economic practices that proposes that human well-being can be best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practices. The state has to guarantee, for example the quality and integrity of money...State interventions in markets (once created) must be kept to a bare minimum because according to the theory, the state cannot possibly possess enough information to second-guess market signal (prices) and because powerful interest groups will inevitably distort and bias state interventions (particularly in democracies) for their own benefits" (Harvey, 2005, p.2).

² Poverty, housing insecurity, and homelessness have tremendous impact on peoples' health. According to Raphael (2011), poor people experience material and social deprivation, stigma and degradation, stress, and poor health and quality of life. Similarly, Wellesley Institute (2010) documented strong evidence that precarious housing is directly linked to adverse health conditions. Specifically, in Toronto, homeless people are three times as likely to experience arthritis and rheumatism, three times as likely to encounter migraines, 3 ½ times as likely to have asthma, five times as likely to live with heart disease, seventeen times as likely to bear with chronic obstructed pulmonary disease, 7 ½ times as likely to endure stomach ulcers, twice as likely to have DM, 20 times as likely to undergo seizures, and four times as likely to be diagnosed with cancer. Moreover, the prevalence of hepatitis C for Toronto's homeless population is 30 times higher than the general population and the incidence of HIV/AIDS is 300 times higher. In addition, homeless people are most likely to be diagnosed with: depression, twice as likely; anxiety, 11 times as likely; bipolar, eight times as likely; and, schizophrenia, five times as likely (Khandor & Mason, 2007). (Please refer to Appendix C.). Unsurprisingly, Hwang, Wilkins, Tjepkema, O'Campo & Dunn (2009) discovered that homeless women life expectancy at age 25 is five years shorter compared to the 1st quintile poorest Canadians and nine years shorter than the 5th quintile richest Canadians, while for homeless men, six years and 13 years, respectively, shorter.

³ Health inequities are health inequalities that are viewed to be unjust or emerging from some form of injustice (Kawachi, Subramanian & Almeida-Filho, 2002). Health inequality is the common term used to label variances, disparities, and differentiations in the health attainment of individuals and groups (Kawachi, Subramanian & Almeida-Filho, 2002).

⁴ Karl Marx states: "In the social production of their existence, men inevitably enter into definite relations, which are independent of their will, namely relations of production appropriate to a given stage in the development of their material forces of production. The totality of these relations of production constitutes the economic structure of society, the real foundation, on which arises a legal and political superstructure and to which correspond definite forms of social consciousness. The mode of production of material life conditions the general process of social, political, and intellectual life. It is not the

consciousness of men that determines their existence, but their social existence that determines their consciousness. At a certain stage of development, the material productive forces of society come into conflict with the existing relations of production or – this merely expresses the same thing in legal terms – with the property relations within the framework of which they have operated hitherto. From forms of development of the productive forces these relations turn into their fetters. Then begins an era of social revolution. The changes in the economic foundation lead sooner or later to the transformation of the whole immense superstructure” (Marx, 1859, pp.1-4).

⁵ Bhaskar, in his own words, explicates the four degrees of critical realism: “More generally, in this work, I shall be showing how critical realism, hitherto focusing - in what I shall call its first or prime moment (which I shall abbreviate to 1M) - on the concepts of structure, differentiation, change, alterity (as in the transitive/intransitive distinction - epistemic/ontic non-identity within ontology), transfactual efficacy, emergence, openness, etc., must be meshed with the characteristically dialectical categories, arguments, themes and pabula expressed in the ideas of negation, negativity, becoming, process, finitude, contradiction, development (which need not be progressive and may just be regarded as directional change including regression, retrogression and decay, in a thing or kind to at the limit fragmentation, chaos and/or collapse), spatiality, temporality, mediation, reciprocity and many more - including such figures as the hiatus, chiasmus and pause - at what I will call a second edge (abbreviated to 2E) of development. 1M suffices for, e.g., an adequate account of science which abstracts from space, time and the process of change, which posits ‘principles of difference’ or ‘metaphysical inertia’. At 2E, which is the narrowly dialectical moment in a four-sided dialectic, the very principles of indifference are called into question and difference, and we have ‘metaphysical (neg)entropy’. This is the moment of cosmology, of human geo-history, of personal biography, laborious or routinized work but also of joyful or idle play. At a third level (abbreviated to 3L) of development we have the characteristically totalizing motifs of totality, reflexivity (which is its inwardized form), concrete universality and what I will call ‘concrete utopianism’, subjectivity and objectivity, autonomy (practico-epistemological duality, consistency and coherence), reason and rationality including phronesis or practical wisdom, and the unity of theory and practice. This is at once the inner truth or pulse of things and the spot from which we must act, the axiological moment and (if there is such) metaphysical alethia. I will postpone thematizing it until after a consideration of the (very different) Hegelian totality. But 3L is not the end of the matter. A fourth dimension (4D) is required - for the critical realist totality is radically open. So we must return to practice. But this is not as a Nietzschean forgetting, but as active and reflexive engagement within the world in which we seek to achieve the unity of theory and practice in *practice*. Each level in this dialectic is preservative. 4D presupposes 3L presupposes 2E presupposes 1M. (This does *not* mean that every category at 2E is instantiated in some employment of a 3L category. Thus one can have dialectical connection without contradiction.) We are left with non-identity, structure, negativity, finitude, essentially transformative change, holistic causality, and phronesis at the end - in agency. But agency is, of course, in a sense already there at the outset in the phenomenologicality of science, so we can say, if we like, that the end is implicit in the beginning, * but if we go along with this rather Hegelian way of speaking,

we must see the agency as a *radically transformed transformative praxis*, oriented to rationally groundable projects - ultimately flourishing in freedom....” (Bhaskar, 1993, pp.8-13).

⁶ Roy Bhaskar declares: “Thus: Marx understood his dialectic as *scientific*, because it set out to explain the contradictions in thought and the crises of socio-economic life in terms of the particularly contradictory essential relations generating them; as *historical*, because it was both rooted in, and (conditionally) an agent of the changes in the very relationships and circumstances it described; as *critical*, because it demonstrated the historical conditions of validity and limits of adequacy of the categories, doctrines and practices it explained; and *systematic*, because it sought to trace the various historical tendencies and contradictions of capitalism back to certain existentially constitutive features of its mode of production...” (Archer et al., 1998, p.xxi).

⁷ Center for Critical Realism (n.d, p.3) defined ‘epistemic fallacy’ as “the reduction of being to our knowledge of being, or, that statements of being are to be interpreted as statements about our knowledge. Notably, in 20th century philosophy, this finds expression in the linguistic fallacy which brackets off being to questions about language” (Center for Critical Realism, n.d, p.3).

⁸ Transfactuality of things means that “causal laws operate as tendencies expressed as powers, potentials and liabilities which may exist without being actualized. They are said to be transfactual because they can be isolated and express themselves within a closed system structured by human intervention, when they may not act, or act differently within open systems” (CCR, n.d, p.3).

⁹ Actualism is “the reduction of causal mechanisms to their exercise, functioning to generate a regularity determinism in nature to facilitate a fetishistic quest for closure and closed systems” (CCR, n. d, p.3)

¹⁰ “Unsheltered, or absolutely homeless and living on the streets or in places not intended for human habitation; 2) Emergency Sheltered, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence; 3) Provisionally Accommodated, referring to those whose accommodation is temporary or lacks security of tenure, and finally, 4) At Risk of Homelessness, referring to people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards. It should be noted that for many people homelessness is not a static state but rather a fluid experience, where one’s shelter circumstances and options may shift and change quite dramatically and with frequency” (COH, 2012, pp. 2-5).

¹¹ Low Income Cut-Offs (LICO) is calculated as “...the income thresholds below, which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family. The approach is essentially to estimate an income threshold at which families are expected to spend 20 percentage points more than the average family on food, shelter and clothing” (Statistics Canada, 2012b, Low-income

cut-offs, p.1). The (LICO-AT) are “income thresholds below which a family will likely devote a larger share of its after-tax income...based on the 1992 Family Expenditures Survey. LICOs are calculated in this manner for seven family sizes and five community sizes (Statistics Canada, 2015b, p.2).

¹² Low Income Measure (LIM) is calculated as “...a fixed percentage (50%) of median adjusted household income, where “adjusted,” indicates that household needs are taken into account. Adjustment for household sizes reflects the fact that a household's needs increase as the number of members increases. Most would agree that a household of six has greater needs than a household of two, although these needs are not necessarily three times as costly” (Statistics Canada, Low Income Measures, 2012c, p.1)

¹³ Market Basket Measure (MBM) is calculated “...based on the cost of a specific basket of goods and services representing a modest, basic standard of living. It includes the costs of food, clothing, footwear, transportation, shelter, and other expenses for a reference family of two adults aged 25 to 49 and two children (aged 9 and 13)” (Statistics Canada, 2013c, Market Basket Measure, p.1)

¹⁴ Hidden homeless are homeless “people living temporarily with others, but without guarantee of continued residency or immediate prospects for accessing permanent housing. Often referred to as ‘couch surfers’ or the ‘hidden homeless’, this describes people who stay with friends, family, or even strangers. They are typically not paying rent, their duration of stay is unsustainable in the long term, and they do not have the means to secure their own permanent housing in the future. They differ from those who are staying with friends or family out of choice in anticipation of prearranged accommodation, whether in their current hometown or an altogether new community. This living situation is understood by both parties to be temporary, and the assumption is that it will not become permanent” (Homeless Hub, 2016, Typology, p.1, para 8).

¹⁵ Besides housing, income and income distribution, employments security and unemployment, precarious employment and working conditions, education, early childhood development, and social exclusion; the other social determinants of health developed at York University are: food insecurity, gender, race, immigrant status, disability, aboriginal status, social safety net, healthcare services and geography.

Tarasuk, Mitchell & Dachner (2015) defines *Food Insecurity* as the insecure and inadequate access to food because of monetary constraints. Its indirect measures may include poverty rates, use of food banks and homelessness (McIntyre & Anderson, 2016). Tarasuk et al (2014) found that of the more than 4 million Canadians who were food insecure in 2012 (an increase of 500,000 people from 2008); 336,700 households were severely food insecure, 786,100 households were moderately food insecure, and 543,700 households were marginally food insecure. Furthermore, in March 2015, according to Food Banks Canada (2016), there were 852,135 persons who accessed the food banks across Canada, which was 26% higher than 2008. One-third of those food bank visitors were children. Unmistakably, the poor, housing insecure and homeless people are food insecure (Dachner & Tarasuk, 2002; Kirkpatrick & Tarasuk, 2011; Tarasuk, Dachner &

Li, 2005) and most likely to experience health inequalities (Tarasuk, 2016). In contrast, there would have been 1 million fewer households with food insecurity in 2011-2012, if Canadians in bottom 4 income levels experienced the same indicator rate as those in the highest income level (CIHI, 2015). Thus, I argue that the extraordinary rise of food insecurity in Canada is definitely driven by economic factors such as inequitable income and income distribution, unemployment, precarious employment and low wages. Indeed, food insecurity is directly related to poverty, housing insecurity, homelessness, and health inequities. Yet, despite evidence, Canada remains without national food security strategy.

Gender is embedded in social exclusion. Specifically, women in Canada are less likely to be employed and work full-time than men. In fact, in 2009, according to Ferrao (2010), more than one-third or 35.5% of workingwomen are self-employed. On the same year, the part-time employment rate of women was 26.9% compared to 11.9% for men. Those women cited the following reasons of their being employed part-time: non-availability of full-time employment (29.5%), going to school (25%), caring for children, personal and family responsibilities (17.2%), and personal preference (27.7%) (Ferrao, 2010). Sadly, inequitable access to employment as experienced by women has not changed since then. In fact, in 2015, the employment rate for women was only 57.3% compared to 65.3% for men (Statistics Canada, 2016b; d). Thus, since most women in Canada are unemployed and job insecure, they are generally poorer than men (Statistics Canada, 2012b). Being poorer than men, although at first glance, only 26.2% in shelters are women, the reality is, they comprise the bulk of hidden homelessness. Likewise, gender bias is experienced by LGBTTQ groups, which comprise 25% to 40% of youth homelessness (Gaetz, Donaldson, Richter & Gulliver, 2013). In sum, equitable access to societal resources is also determined by gender. No doubt, gender also shapes poverty, housing insecurity, homelessness, and health inequities.

Race is deeply rooted in social exclusion. Unquestionably, poverty is racialized. Block & Galabuzi (2011) and Galabuzi (2016) provide strong evidence that racialized groups are more likely to be unemployed, under-employed and precariously employed compared to non-racialized groups and therefore, have lower income. Particularly, ESDC (2013) found that median income for racialized persons was only \$19,000 compared to \$27,100 for non-racialized persons, in 2005. Thus, in 2006, compared to a national average of 11%, the poverty rate for racialized person was 22% compared to 9% for non-racialized person, despite the fact that the former was more educated than the latter. Overall, 32% of all racialized persons were living below the poverty line. More specifically, the poverty rates within the racialized communities ranged from 11% for Filipinos to 40% for Koreans (ESDC, 2013). In sum, racialized groups are twice to four times more likely to be poor than non-racialized groups and hence, most likely to experience housing insecurity, homelessness, and consequently, health inequities. Indeed, systemic racism persists in market-oriented society.

Immigrant Status is intrinsic in social exclusion. Immigrants are at greater risk of housing insecurity and homelessness (Preston et al., 2009). Specifically, in 2011, the employment rate for landed immigrants was 56.4% and the unemployment rate, 8.5%.

The corresponding data for their Canadian-born counterparts were 63.3% and 4.6%, respectively (Statistics Canada, 2012a). Furthermore, even though those employment rate gaps were narrowest for established immigrants with university education (Yssaad, 2012a), still, “people of color and immigrants face poverty levels more than double that of white, and earn, on average, 30% less income” (Curry-Stevens, 2016, p.84). In sum, evidence supports the claim that compared to their Canadian-born counterparts, immigrants are more likely to be jobless and poor and hence, more likely to experience housing insecurity, homelessness and health inequities because of discriminatory practices that sustain unfair access to societal resources.

Disability is inherent in social exclusion. Persons with disabilities are less likely to be employed compared to persons without disabilities. In fact, in 2011, the employment rate for Canadians with disabilities was only 49% and their unemployment rate, 11%. In contrast, the employment rate for Canadians without disabilities was 79% and their unemployment rate, only 6% (Turncotte, 2014). Consequently, in 2012, 56.9% of persons with disabilities were without employment income. And, 23.9% of them earned less than \$5,000 (Statistics Canada, 2015c). Indeed, persons with disabilities have persistent low income, with earnings only about half of those lone parents and unattached non-elderly people who are living below the poverty line (Murphy, Zhang & Dionne, 2012). Moreover, it is unfortunate that 33% of all individuals and 62% of young men aged 25 to 34 years old with disabilities perceived that they were refused jobs in the last five years because of their conditions (Turncotte, 2014). In sum, persons with disabilities are twice as likely to be unemployed than persons without disabilities, more than half of them are income less, and one in every four of them are extremely poor. Thus, expectedly, persons with disabilities experience more housing insecurity, homelessness, and health inequities compared to persons without disabilities.

Aboriginal Status or Indigenous Ancestry is deeply entrenched in social exclusion. In Canada, it is well documented that Aboriginal or Indigenous peoples have lower income, lesser education, and less employment rate. Moreover, they experience greater child poverty, housing and food insecurity, and social exclusion of all forms (e.g. gender, race, disability, geography) compared to non-Aboriginal peoples (Patrick, 2014; INAC, 2016; Macdonald & Wilson, 2016; Mikkonen & Raphael, 2010; Raphael, 2009, 2016; Smylie & Firestone, 2016; Wellesley Institute, 2010). More specifically, in 2011, Indigenous peoples employment rate was only 52.1% and their unemployment rate at 15% was more than double the national average. Consequently, 68% of the total population of Indigenous peoples lived below the LICO-after tax and 25.3% of those who live in off reserve lived below the LIM-after tax (Statistics Canada, 2013d). In addition, 40.8% of Aboriginal tenant households in non-farm, non-reserve private dwellings experience housing unaffordability. Because of these societal conditions, unsurprisingly, Indigenous peoples are eight times more likely to experience urban homelessness than the general population (Patrick, 2014). In fact, they are over represented in homelessness population (Khandor & Mason, 2007; Ontario Ministry of Municipal Affairs and Housing, 2015), comprising 15% of total homelessness (Wellesley Institute, 2010) despite the fact that they are only 4% of Canada’s total population (Statistics Canada, 2015d). In sum, one in every two Indigenous peoples is out of work and two in every

three of them are poor. All those social and material deprivations experienced by Aboriginal peoples are but consequences of their ancestral origins.

Social Safety Net protects individuals and families from unforeseen personal life tragedies such as employment lay-off, illnesses, and accidents. These social welfare support and services largely help to reduce economic, social, and health inequities. Ironically, Canadian governments continue to undermine its welfare state through policies that promote neoliberalism, which, as discussed earlier, subsequently, contributed to the rise of poverty, housing insecurity and homelessness across the country. Certainly, without adequate government social supports, low-income Canadians will hardly be able to free themselves from those societal phenomena.

Health Care Services is at the core of the Canadian healthcare system. The main goal of Canadian health care policy is “to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers” (Canada Health Act, 1985, Section 3). The Canada Health Act ensures health insurance through public administration, comprehensiveness, universality, portability, and accessibility (CHA, 1985). Yet, people with disabilities, seniors, visible minority or people of color, LGBTTTQ, Aboriginal people, rural people, and poor Canadians continue to experience health care access injustices and inequities due to point-of-care, social location and systemic oppression (McGibbon, 2016). In fact, it is estimated that there are about half-million people in Canada who have no access to healthcare coverage (HPAP, 2016). Essentially, low and middle-income Canadians are at higher risk to experience financial and economic difficulties as a result of expensive over-the-counter and prescription drugs, unaffordable eye and dental care services, and exorbitant diagnostics and medical bills, among others, which are not covered by the Health Act. These societal conditions are exacerbated by the gradual but increasing privatization of Canada’s healthcare system (e.g. outsourcing of dietary and housekeeping to private corporations). Predictably, if the neoliberal policies of Canadian governments continue, housing insecurity, homelessness, and health inequities will certainly intensify, as these societal phenomena are inextricably entwined with public-funded health care services.

Geography influences the distribution of the wealth and resources of the nation and therefore shapes the economic, political, social, and health status of people living in certain spaces. In Canada, rural people are more likely to have a lesser education, lower income, and higher mortality rates than urban people (CIHI, 2006). More specifically, in 2011, compared to the national average of 89%, in Nunavut, only 54% have a high school diploma. Moreover, 49.4% of its population experienced housing insecurity, which was five times higher than the national average of 10.6% (CWP, 2015). Certainly, geographical factors play a major role in equitable access to societal resources that may result in housing insecurity, homelessness, and health inequities.

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APPENDIX A.1.
The Evolution of Federal Government Housing and Homelessness Policies in
Canada
(1935 – 2015)

Period (year)	Key Highlights
1935	The Dominion Housing Act was enacted into law. ⁺
1938	The National Housing Act (NHA) became the first act to fund social housing. ⁺
1941-1947	The Wartime Housing Limited which was a federal crown corporation constructed about 46,000 affordable “wartime houses” for veterans, munitions workers and their families. ⁺
January 1, 1946	The Central Mortgage and Housing Corporation (CMHC) was incorporated and then assumed responsibility of the 46,000 rental units constructed by Wartime Housing Limited. The capital was \$25million and the reserve fund \$5million. ⁺
1946-1947	The Benny Farm in Montreal became the first subsidized housing for young families while the Regent Park became the first public housing created for low-income households. ⁺
1949	The NHA was amended through legislation. The Public Housing Program was established to acquire and build publicly owned housing projects for persons with disabilities, seniors, and low-income families. The up-front costs and operational losses were shared between the federal (75%) and provincial and territorial governments (25%). In addition, rentals were rent-geared-to-income. ⁺
1949-1985	During this period, some 205,000 public housing units were built under the Public Housing Program. The federal government terminated new affordable housing construction in 1985. ⁺
1966	The Willow Park Housing Cooperative in Manitoba was established. It was the first permanent housing cooperative for families. ⁺
1968	The Cooperative Housing Federation of Canada was established. The Canadian Labour Congress and Cooperative Union of Canada through the National Labour Cooperatives Committee founded it. ⁺
1969	The Abbotsford Coop became the first seniors’ cooperative. ⁺
1969	The De Cosmos Village Cooperative in Vancouver developed an internal subsidy scheme, which surcharges the high-income residents and subsidizes the low-income residents. ⁺
1969	The Strathcona Project in Vancouver became the first model of a housing revitalization and renovation project planning involving the citizens. ⁺
1973	The Rent Supplement Program was initiated and agreements such as rent-geared-to-income subsidy were contracted with the owners. The program assists low-income renters in non-profit and private rental buildings. This was a 50%-50% sharing agreement between the federal and provincial/territorial governments on condition that the latter contribute enough funds to augment new units by 33%. ⁺
1973	The CMHC Non-Profit Housing Program was introduced to provide

	rental housing for mixed-income households. This was a 50%-50% sharing agreement between the federal and provincial/territorial governments on condition that the latter contribute sufficient funds to augment new units by 33%. ⁺
1973	The Cooperative Housing Program was introduced ⁺ .
1973-1979	The Cooperative Housing Program built 7,700 cooperative housing units ⁺
1973-1993	The Non-Profit Housing program built 236,000 social housing units. ⁺
1974	The CMHC Rural and Native Housing Program was established. The program targeted the low-income households living in off-reserve rural communities with population less than 2,000 persons. It offered options for rental, lease to purchase and home ownership. The payment was based on household income payable under long-term mortgage, by which the difference between the payments and total costs of the house was paid through government subsidies. The program was terminated in 1993. ⁺
1979	The Central Mortgage and Housing Corporation was renamed Canada Mortgage and Housing Corporation. ⁺
1980	The Liberal Party won the federal election.*
1980s	Rise of neoliberalism and economic globalization
1982	The Urban Native Non-profit Housing Program was created. Monthly subsidy was provided to low-income households. ⁺
1982	20,450 social housing units constructed annually. [~]
1984	The Progressive Conservative Party won the federal election.* Federal government gradual cutbacks in affordable housing programs and retrenchment of social supports in welfare system.
1986	The federal government transferred the delivery of public and social housing programs to the provincial/territorial governments under the Social Housing Strategy. ⁺
1986	The Urban Native Housing Program was incorporated in the Urban Social Housing Strategy. ⁺
1986-1993	The Federal Cooperative Housing Program and the Cooperative Housing Stabilization Fund were implemented. These programs provided operating subsidies and insured financing for 30-35 years to non-profit housing cooperatives and households in core housing need. ⁺
1990s	The federal government gradually reduced funding to social housing. ⁺
1993	The Liberal Party won the federal election.*
1993	The federal government terminated the national social housing programs. ⁺
1995	1,000 social housing units constructed annually. [~]
1996	The federal government devolved the housing responsibility to the provincial/territorial governments under the Social Housing Agreements. ⁺
1999	The UN Committee on Economic, Social, and Cultural Rights forewarned Canada regarding the state of homelessness in the country. [^]
December 2000	The federal government launched the National Homelessness Initiative with a funding of \$753 million over three years. The program was renamed Homelessness Partnering Strategy in 2007. ⁺
November 2001	The federal government introduced the Affordable Housing Initiative to build new affordable housing units via up-front capital contribution and

	not ongoing subsidies. The funding was \$680 million. The provincial and territorial governments have to match the federal funding with sources from municipalities, non-profit organizations, or private sector. ⁺
2003	The federal government provided additional \$380 million funding. ⁺
2006	The Conservative Party won the federal election. [*]
2006	4,393 social housing units constructed annually. [~]
2006-2008	The federal launched the Affordable Housing Trust with \$800 million funding to address short-term pressure to affordable housing supply. ⁺
2006-2008	The Northern Housing Trust with \$300 million funding was launched to address short-term pressure to affordable housing supply in the North. ⁺
April 2007	The Homelessness Partnering Strategy was launched. ⁺
November 2007	The UN Special Rapporteur on affordable housing confirmed that homelessness and housing in Canada is a national crisis. [%]
2008-2013	The federal government provided \$110 million to finance the At Home/Chez Soi project. [#]
September 2008	The federal government committed a \$1.9 billion five-year investment in housing and homelessness. The Affordable Housing Initiative was extended until March 31, 2011. ⁺
July 2011	The federal and provincial/territorial ministers under the Affordable Housing 2011-2014 Framework Agreement announced a \$1.4 billion combined investment. The program targeted the Canadians who were in housing need. It was extended until 2019. ⁺
March 2014	The Homelessness Partnering Strategy was extended until 2019.
2015	The Liberal Party won the federal election. [*]
March 2016	The United Nations Committee on Economic and Social Rights harshly criticized Canada for the persistent housing and homelessness crises. ^{\$}

Legend and Sources:

⁺ Canada Mortgage and Housing Corporation (2011, 2016).

^{*} Parliament of Canada (2016).

[~] Gaetz, Gulliver & Richter (2014).

[~] Gaetz, Donaldson, Richter & Gulliver (2013).

[^] OHCHR (1999).

[%] OHCHR (2007).

[#] Goering et al (2014).

^{\$} OHCHR (2016).

APPENDIX A.2.
**Summary of the Evolution of Canada's Government
Housing and Homelessness Policies**

Years 1935-1950. In 1935, the Dominion Housing Act was legislated by the federal government to help Canadians recover from the Depression. By 1938, the National Housing Act (NHA) was enacted into law to fund social housing across the country. Subsequently, from 1941-1947, Wartime Housing Limited built some 46,000 affordable 'wartime houses' for veterans and munitions workers. By January 1946, the NHA was amended and the Central Mortgage and Housing Corporation incorporated, which was renamed Canada Mortgage and Housing Corporation in 1979. Moreover, between 1946-1947, the Benny Farm in Montreal, with 384 units, became the first subsidized housing for young families while the Regent Park in Toronto, with more than 2000 units, became the first public housing for low-income households. Thus, low rental housing programs started in the mid-1940s. By the late 1940s, the yearly affordable housing construction in Canada increased to 90,000 units compared to 50,000 units in the early 1940s and 30,000 units in the 1930s. And, in 1949, the joint federal-provincial and territorial governments' Public Housing Program was established to address the housing needs of seniors, persons with disabilities, and low-income families. Under this program, the up-front costs and operational losses, which include rentals being rent-geared-to-income, were shared between the federal (75%) and provincial and territorial governments (25%) (CMHC, 2016).

Years 1950-1970. In 1966, the Willow Park Housing Cooperative in Manitoba became the first permanent housing coop for families that led to the establishment of the Cooperative Housing Federation of Canada in 1968. By 1969, the Abbotsford Coop became the first seniors' cooperative while the De Cosmos Village Cooperative developed its own an internal subsidy scheme. On the same year, the Strathcona Project became the first model of housing renovation and revitalization programs involving citizens' participation. Overall, about 205,000 affordable housing units were constructed under the Public Housing Program, until its termination in 1985 (CMHC, 2016).

Years 1970-1985. In 1973, the Rent Supplement Program and Non-Profit Housing Program were put in place to assist low-income renters in non-profit and private rental and provide rental housing for mixed-income households. The costs of these programs were shared between the federal (50%) and provincial and territorial governments (50%). On the same period, the Cooperative Housing Program was initiated with 100% financing from CMHC. By 1974, the Rural and Native Housing Program was established to support the low-income households living in off-reserve rural communities and in 1982, the Urban Native Non-Profit Housing Program was launched to address the housing needs of aboriginal families in the cities. In sum, under the Cooperative Housing Program, some 7,700 cooperative units were built from 1973-1979 and under the Non-Profit Housing Program; some 236,000 housing units were constructed from 1973-1993 (CMHC, 2016).

Years 1985-1995. In 1986, the federal government transferred the delivery of public and social housing programs to the provincial and territorial governments under the Social Housing Strategy. Subsequently, under the Federal Cooperative Housing Program, only about 14,500 units were built from 1986 to 1993. This program provided operating subsidies and insured financing for 30-35 years to non-profit housing cooperatives and households in core housing need. Ultimately, in 1993, the federal government terminated the national affordable social housing programs across the country (CMHC, 2016).

Years 1995-2000. In 1996, the federal government devolved its housing responsibility to the provincial and territorial governments under the Social Housing Agreements (CMHC, 2011). Consequently, in 1999, the UN Committee on Economic, Social, and Cultural Rights rebuked Canada due to the rise of homelessness in the country (OHCHR, 1999). Hence, in December 2000, with a funding of \$753 million over three years, the federal government launched the National Homelessness Initiative, which was renamed Homelessness Partnering Strategy in April 2007 (CMHC, 2016).

Years 2000-2016. In 2001, with an initial \$680 million investment, the federal government introduced the Affordable Housing Initiative to develop new affordable housing units. By 2003, an additional \$380 million was invested in the program. Under this program, the provincial and territorial governments have to match the federal funds with sources from the municipalities, non-profit organizations, or private sector. Moreover, the federal government also launched the Affordable Housing Trust with \$800 million and the Northern Housing Trust with \$300 million funding to address the short-term pressure to affordable housing supply in 2006-2008 (CMHC, 2016). However, in November 2007, the UN Special Rapporteur on Affordable Housing confirmed that the state of homelessness and housing in Canada is indeed, a nationwide crisis (OHCHR, 2016). Consequently, in 2008, the FG provided \$110 million funding to the At Home / Chez Soi four-year project research on homelessness (Goering et al, 2014). By September 2008, the federal government committed \$1.9 billion five-year investment in housing and homelessness and extended the Affordable Housing Initiative until March 2011. Furthermore, in July 2011, the federal and provincial and territorial ministers declared a \$1.4 billion combined investment under the Affordable Housing 2011-2014 Framework Agreement, which was also called the Investment in Affordable Housing (CMHC, 2016). This agreement was extended until 2019 (CMHC, 2016; CWP, 2015). Lastly, in March 2014, the Homelessness Partnering Strategy was also extended until 2019 (ESDC, 2016). Yet, in March 2016, the United Nations again rebuked Canada for the persistent poverty, housing insecurity, and homelessness across the country (OHCHR, 2016).

In sum, history shows that for the past 80 years, the Canadian governments have constructed and maintained social housing units through a number of programs. These various programs employ strategies which include but not limited to subsidized public housing, cooperative and non-profit housing programs, low rental housing program, rent-geared-to-income, rent supplement program, community building, urban renewal, and housing renovation and revitalization programs that provide safe and affordable housing

to war veterans, seniors, persons with disabilities, women, children, aboriginal people, homeless persons, and families with low-income, and therefore kept these people away from health inequalities resulting from poverty, housing insecurity and homelessness.

APPENDIX B.
The Current Provincial/Territorial Governments
Housing and Homelessness Programs

Province	Year	Progress Reports
Quebec	2015	The provincial government cut the budget (by 50%) towards the AccessLogis Quebec program, which means a reduction of 1,500 new social housing units.
Newfoundland and Labrador	2014	The Investment in Affordable Housing was extended, with \$8.8M investment for Home Repair Program and \$5.4M for new affordable housing units.
Nova Scotia	2014	The Housing Nova Scotia Initiative began with \$4M investment. Additional funding of \$8M for joint federal and provincial/territorial Social Housing Assistance Repair Program. Waiting list: 3,500 to 4,500 hh/year.
Ontario	2015	\$587M announcement to fund Community Homelessness Preventative Initiative.
	2016	Introduced the Promoting Affordable Housing Act.*
New Brunswick	2014 2014-2019	\$7.2M invested in the Home First strategy for the seniors. \$78M federal and provincial/territorial government's investment into Hope Is A Home affordable housing including rental subsidies, maintenance, and constructions of new units. Waiting List: 6,000 hh/year for affordable public housing unit. Created 170 rental units, repaired 2,000 units and 5,000 no longer in need of housing.
Manitoba	2014-2016	Manitoba Housing Three-Year Housing Plan to construct 500 new affordable and 500 new social housing units.
	2014-2019	\$104M federal and provincial/territorial governments funding to Investment in Affordable Housing.
	2009-2016	5.3% increase in the number of affordable and social housing being funded.
Nunavut	2013	The GN's Long-Term Comprehensive Housing and Homelessness Strategy. The territorial government subsidizes more than 80% of the total housing. Currently, 20-year waiting list for public housing.
Prince Edward Island	2013	The Investment in Affordable Housing was renewed. The federal government committed \$1.25B over 5 years.
	2014	PEI Home Renovation Program with \$1.3M funding.
	2015	Seniors Safe @ Home and Senior Home Repair Program.
Yukon Territory	2013	Betty's Haven investment of \$4.5M for women. Skookum Jim's Friendship Centre for the youth opened.
	2015-2025	Ours to Build: Housing Action for Yukon. Lack of affordable housing is the major cause of poverty. About 18% of the population is in core housing need. The Yukon government invested \$10.2M for the new shelters.
Northwest	2011	The NWT Housing Corporation has been investing in

Territories		affordable housing since 2011, with \$79M investment to date. NWT HC operates 2400 public housing units.
	2012	NWT Housing Corporation funded BETTY House – a transitional housing program, below market rent for children and women.
	2014-2018	The Investment in Affordable Housing was renewed, with \$29M funding.
Alberta	2009-2019	Ten-Year Plan to Eradicate Homelessness. Some 4,400 homeless individuals safely housed; 1,933 housing units created for homeless individuals.
	2013	The Alberta Interagency Council on Homelessness was launched.
	2014	\$131M budget for homelessness support programs to house 2,000 homeless and create 3,200 shelter spaces; 10,000 homeless individuals have been accommodated. There is 16% drop of homelessness from 2008 to 2014.
	2015	Medicine Hat provided permanent housing to 885 visible homeless individuals.
Saskatchewan	2011-2014	Under the Investment in Affordable Housing, 1673 families were assisted.
	2014-2019	The Investment in Affordable Housing was renewed.
	2012-2020	Plan for Growth outlines the province vision for 2020. Investment is \$344M to build 12,600 new affordable housing units.
British Columbia	2005-2010	The provincial government constructed 280 social housing units. Previously, the province used to construct 1000-1500 social housing units/year.
	2012	Vancouver: 35% of the residents paid more than 50% of their income on rent.
	2014-2019	The Investment in Affordable Housing renewed.
	2014	Homeless or precariously housed: 116,000

Source:

Canada Without Poverty (2015).

Except * Ontario Ministry of Municipal Affairs and Housing (2016).

APPENDIX C.
The Physical and Mental Health Conditions of Homeless Persons

<i>I. Physical Health Conditions</i>	<i>Street Health Survey</i>	<i>General Population</i>
Arthritis or Rheumatism	43%	14%
Allergies other than food allergies	33%	24%
Migraines	30%	11%
Asthma	21%	6%
Heart disease	20%	4%
High blood pressure	17%	13%
Chronic obstructive pulmonary disease	17%	1%
Stomach or intestinal ulcers	15%	2%
Diabetes	9%	4%
Epilepsy	6%	0.3%
Cancer	4%	1%
Tuberculosis	7%	
Hepatitis C	30 times higher	
HIV/AIDS	300 times higher	
<i>II. Mental Health Conditions</i>		
Depression	17%	8%
Anxiety	11%	1%
Bipolar	8%	1%
Schizophrenia	5%	1%

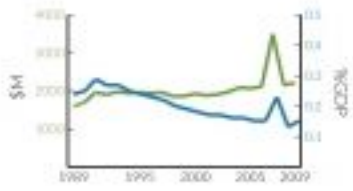
Adapted from: Khandor & Mason (2007).

**APPENDIX D.
The Declining Federal Funding Support for Affordable Housing
as Percentage of GDP**

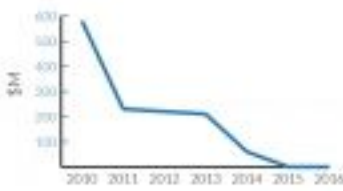


Federal Investments in housing are drastically declining.

As a percentage of GDP, we're spending 40% less on housing than we did 20 years ago. Moreover, funding from the *Federal Affordable Housing Initiative* will end in 2015.



— Federal housing investments
— Investments as % of GDP



— Federal Affordable Housing Initiative funding

And federal cuts hit extra hard.

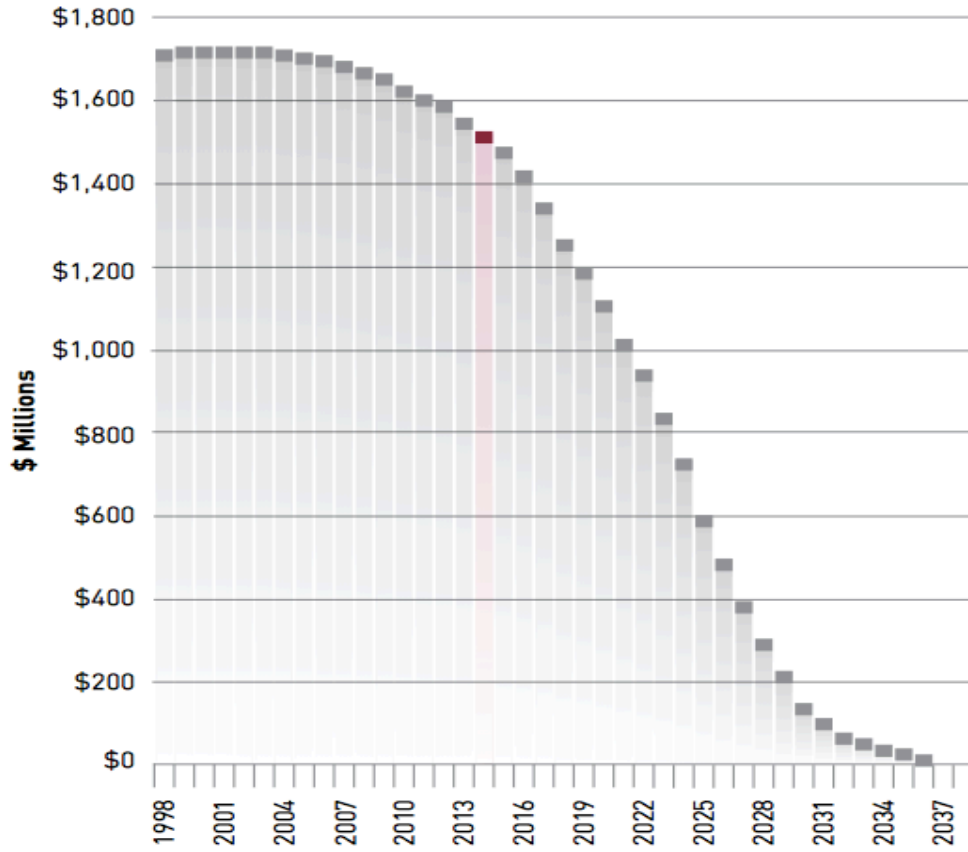
Often, federal funding is matched by provincial, municipal, private and non-profit dollars.

So every dollar cut really means up to \$4.00 less for affordable housing.



Image Source: Retrieved from:
http://www.cpj.ca/sites/default/files/styles/medium/public/docs/Federal_housing_investments_1989-2009_CPJ.jpg?itok=W9hQhi-B

APPENDIX E.
The Declining Federal Funding Support for Existing Social Housing
(in \$ million)



Source: Compiled from Sch E to PT agreements

Source: Pomeroy (2015).

APPENDIX F.1.
The Provincial/Territorial Governments
Poverty Reduction Plans and Strategies

Province	Year	Poverty Reduction Plan / Strategy
Quebec	2002	Bill 112: An Act to Combat Poverty and Social Exclusion
	2004	Reconciling Freedom and Social Justice: A Change for the Future
	2010-2015	Government Action Plan for Solidarity and Social Inclusion 2010-2015: Quebec's Combat Against Poverty
Newfoundland and Labrador	2006	Reduction Poverty: An Action Plan for Newfoundland and Labrador
Nova Scotia	2007	Poverty Reduction Working Group
	2009	Preventing Poverty, Promoting Prosperity
Ontario	2009-2014	Breaking the Cycle: Ontario's Poverty Reduction Strategy
	2014-2019	Realizing Our Potential: Ontario's Poverty Reduction Strategy
New Brunswick	2010	Economic and Social Inclusion Act
	2014-2019	Overcoming Poverty Together: The New Brunswick Economic and Social Inclusion Plan
Manitoba	2009	ALL Aboard
	2011	Poverty Reduction Strategy Act
Nunavut	2012	The Makimaniq Plan: A Shared Approach to Poverty Reduction
	2013	Bill 59 – Collaboration for Poverty Reduction
Prince Edward Island	2012	Social Action Plan to Reduce Poverty
Yukon Territory	2012	Social Inclusion and Poverty Reduction Strategy
Northwest Territories	2014-2016	Northwest Territories Anti-Poverty Action Plan
Alberta	2013	Alberta's Social Policy Framework
Saskatchewan	2014	Saskatchewan Advisory Group on Poverty Reduction was established. Prior to this year, the provincial government claimed that its poverty reduction program was the From Dependence to Independence Actions and Investments for Saskatchewan's Most Vulnerable People
British Columbia		The only province without poverty reduction plan

Source: Canada Without Poverty (2015).

APPENDIX F.2.
The Provincial/Territorial Governments
Poverty Reduction Plans and Strategies
Significant Results

Province	Year	Key Poverty Indicators
Quebec	1999-2009	From 1999 to 2009, the overall poverty rate dropped by 40%, but increased from 8.9% to 10.4% in 2009-2012.
Newfoundland and Labrador	2009	The LICO-after tax decreased by about 50% from 2006-2009 and from 7% to 5.4% between 2009-2012.
Nova Scotia	2009-2012	The LICO-after tax dropped from 8% to 7% within three years, but grew to 8.4% in 2012.
Ontario	2008-2012	The LIM-after tax dropped from 13% to 12% within four years, but rose to 14.4% in 2013.
New Brunswick	2009-2012	The LICO-after tax of 6.9% in 2009, poverty rate dropped to 5.8% in 2011, rose to 7.1% in 2012.
Manitoba	2009-2012	LICO-after tax overall poverty rate increased from 8.8% in 2009 to 10.7% in 2012.
Nunavut	2015	The draft of Five Year Poverty Reduction Action Plan is pending approval. Statistics Canada does not collect LICO, LIM, and MBM for Nunavut.
PEI	2015	Poverty levels are not yet determined.
Yukon Territory	2015	Statistics Canada does not collect poverty measures.
NWT	2015	Statistics Canada does not collect poverty measures.
Alberta	2015	The LICO-after tax decreased from 7% to 5.4% in 2011-2012, but recent poverty rate was 7% to 9.5%. The province's poverty plan is in progress.
Saskatchewan	2015	The LICO-after tax overall poverty rate increased from 5.3% in 2011 to 6% in 2012. The child poverty rate was 25.5% compared to the national average of 19.1%. The province is working towards poverty reduction plan.
British Columbia	2012	The overall poverty rate was 10.4%. For the past 13 years, it has one of the highest poverty rates. The poverty cost in the province is estimated to be at \$8-9B annually while the estimated cost to put a plan in place is \$3B-\$4B annually. The only province without poverty reduction plan.

Sources:
Canada Without Poverty (2015).
Statistics Canada (2012b,c, 2013b,c, 2015a,c).

APPENDIX F.3.
National Poverty Rates In Canada
LICO-before tax and LICO-after tax
2007-2011

	2007	2008	2009	2010	2011
LICO-before tax (%) for all persons	13.5	13.5	13.4	13.5	12.9
LICO-after tax (%) for all persons	9.1	9.3	9.5	9.0	8.0
Change (%)	4.4	4.2	3.9	4.5	4.9

Source: adapted from Statistics Canada, 2013a.

APPENDIX F.3.
National Poverty Rates In Canada
LIM-before tax and LIM-after tax
2010-2014

	2010	2011	2012	2013	2014
LIM-before tax for all low income family types (number of persons)	5,876,100 (18.0%)	5,936,130 (17.9%)	5,938,160 (17.9%)	6,024,540 (17.8%)	6,051,970 (17.7%)
LIM-after tax (%) for all persons	13.5	13.3	13.7	13.4	13.0
Change (%)	4.5	4.6	4.2	4.4	4.7

Source: adapted from Statistics Canada, 2015b.

APPENDIX G.1.
The 61 Designated Communities Funded Under HPS

Alberta

Calgary
 Edmonton
 Grande Prairie
 Lethbridge
 Medicine Hat
 Red Deer
 Wood Buffalo

British Columbia

Kamloops
 Kelowna
 Nanaimo
 Nelson
 Prince George
 Vancouver
 Victoria

New Brunswick

Bathurst
 Fredericton
 Moncton
 Saint John

Manitoba

Brandon
 Thompson
 Winnipeg

Newfoundland and Labrador

St. John's

Northwest Territories

Yellowknife

Nova Scotia

Cape Breton
 Halifax

Nunavut

Iqaluit

Saskatchewan

Prince Albert
 Regina
 Saskatoon

Yukon

Whitehorse

Ontario

Belleville
 Brantford
 Dufferin County
 Durham

Guelph-Wellington

Halton

Hamilton

Kingston

London

St. Catharines/Niagara/Thorold

Nipissing/North Bay

Ottawa

Peel Region

Peterborough

Sault Ste. Marie

Barrie (Simcoe)

Sudbury

Thunder Bay

Toronto

Waterloo

Windsor

York

Prince Edward Island

Charlottetown & Summerside

Quebec

Drummondville

Gatineau

Montréal – Centre

Quebec-City

Québec-Chaudière-Appalaches

Saguenay

Sherbrooke

Trois-Rivières

Source: (ESDC, 2016)

APPENDIX G.2.
The 41 Communities and Community Entities
Under The Aboriginal Homelessness Funding Stream

Alberta

Calgary
Edmonton
Grande Prairie
Lethbridge
Medicine Hat
Red Deer
Wood Buffalo

British Columbia

Vancouver
Duncan
Kamloops
Kelowna
Nanaimo
Prince George
Prince Rupert
Victoria

New Brunswick

Non-designated communities

Northwest Territories

Yellowknife

Nunavut

Iqaluit

Saskatchewan

Regina
Saskatoon
Non-designated communities
Provincial Metis Housing Corporation

Yukon

White Horse

Ontario

Brantford
Cochrane
Fort Frances
Hamilton
Midland
Moosonee
Ottawa
Sault Ste. Marie
St. Catherines/Niagara/Thorold
Sudbury
Toronto

Source: (ESDC, 2016)