Health Impacts of Mixed-Tenure Housing Regeneration in Toronto’s Regent Park

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Regent Park Background

• home to 2,083 households & 7,500 people b/f demolition
  – Phase 1 will grow from 418 to 800+ households
• one of Canada’s oldest and largest public housing developments
• built in late 1940s / early 1950s based on ‘Garden City’ design principles
• $1B+ demolition & redevelopment began in 2005 and will occur in 5 phases. New community will:
  – be mixed income: owners & subsidized renters
  – use modern principles of urban design (new urbanism)
  – implement ‘social development plan’
History

Circa 1930
Regent North and South
Community

- 7,500 people
- 100% rent-geared-to-income
- 65% in Canada less than 10 years
- 3.6 children per household
- 41% under 16 years old
- 5% seniors
- $15,000/year average income
- Diverse, multiple languages
Regent Park Revitalization - Master Plan and Phasing
Regent Park Phase 1:
What it looks like
Master Plan Phase 2: Key Features

- Range of buildings
- New streets: reconnecting Regent
- New facilities
  - Indoor pool
  - Central Park
New indoor pool: Opened 2012
Phases 1 & 2 by the numbers

820 – households that have moved as a result of revitalization so far

404 – households waiting for a new unit or who left TCH

416 – households now living in a new unit at Regent Park (206) or nearby (210)
Study Objectives

• Primary Objective:
  – to determine if adults (18+) who move from old Regent Park housing to the new housing show significant improvements in depressive and anxious symptomatology (the ‘common mental disorders’), and general health status;

• Secondary Objective:
  – to determine if adults (18+) who move from old Regent Park housing to the new housing show significant improvements in other social determinants of health (e.g., housing satisfaction, neighbourhood satisfaction, fear of crime, etc.);
Regent Park Housing and Health Study

- partnership b/w CRICH (SMH) and:
  - Toronto Community Housing (TCHC)
  - Regent Park Neighbourhood Initiatives (RPNI)
  - Regent Park Community Health Centre (RP-CHC)
  - Toronto Christian Resource Centre (TCRC)
  - Canada Mortgage & Housing Corporation (CMHC)
  - Ministry of Municipal Affairs and Housing (MMAH)
  - tenants of Regent Park

- multidisciplinary research team
  - geography, social epidemiology, child development, medicine

- Funding from Canadian Institutes of Health Research, MacArthur Foundation, MMAH, CMHC

- prospective cohort design, with comparison group
Why focus on mental health?

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

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

• Phase 2 Baseline: n=153 interviews with people while living in temporary housing
  • Response rate: roughly 20%

• Phase 2 follow-up:
  • 132 ppl completed follow-up 1 year after moving
  • 59 were people who moved direct-to-new housing
  • 73 were people who moved to relocation housing
  • 21 were lost to attrition
    – E.g., died, left housing, refused follow-up

• Recently granted funding for 3rd follow-up after relocation residents move to new RP
## Sampling and data

<table>
<thead>
<tr>
<th>Phase</th>
<th>Location</th>
<th>Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHASE 1</td>
<td>OLD REGENT PARK</td>
<td>153 – first interviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>60 – first interviews</td>
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<td></td>
<td></td>
<td>39 – second interviews</td>
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<tr>
<td>PHASE 2</td>
<td>RELOCATION HOUSING</td>
<td>73 – second interviews</td>
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<td>59 – second interviews</td>
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**McMaster University**

**St. Michael’s**

**Inspired Care. Inspiring Science.**

SCPHRP Edinburgh 18 February 2016
In 2009-2010, we sent a letter to everyone living in Regent Park who was going to be affected by Phase 2 of the revitalization. One hundred and thirty-two people agreed to do a survey with us. Two years later we used the same survey to interview them again, because we wanted to see what had changed. Seventy-three of the participants had moved to relocation housing in other parts of Regent Park or elsewhere in the city. Fifty-nine had moved into a new unit built as part of the revitalization.
Who we talked to continued...

- 54% 20 to 44 years old
- 42% 45 to 65 years old
- 31% Born in Canada
- 32% Speak English at home
- 54% Have more than a high school education
- 45% Live in a household that makes $20,000+ a year
- 47% Married
- 61% Female

Pie charts showing:
- Their old unit was a...花园/行/联排别墅 (44%)
- Their new unit was a...高租公寓 (71%)
- low-rise apartment (22%)
- townhome (27%)
- low-rise apartment (2%)
What we found

<table>
<thead>
<tr>
<th>TOPICS</th>
<th>Improved</th>
<th>No change</th>
<th>Got worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied with their neighbourhood</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied with their home</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt a strong sense of community</td>
<td>x</td>
<td></td>
<td></td>
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<tr>
<td>Felt good about/proud of their home</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt good about their neighbours</td>
<td>x*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Said they need services, such as recreation facilities, libraries,</td>
<td>x*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>grocery stores, banks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Said services are accessible</td>
<td>x*</td>
<td></td>
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<tr>
<td>Felt they had others they could depend on</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt safe in their neighbourhood</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Took steps to protect themselves from crime</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone in their household was a victim of crime in the past month</td>
<td>x*</td>
<td></td>
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Overall, we found that participants felt better about their home, neighbourhood, and community.
<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>Someone in their household was a victim of crime in the past month</td>
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<tr>
<td>Felt stressed most days</td>
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<tr>
<td>Felt anxious in the past week</td>
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<tr>
<td>Felt depressed in the past week</td>
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<tr>
<td>Felt distressed in the past week</td>
</tr>
<tr>
<td>Felt bothered by physical or emotional issues in the past month</td>
</tr>
<tr>
<td>Felt satisfied with their life</td>
</tr>
<tr>
<td>Rated their health as fair or poor</td>
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<tr>
<td>Needed health care but didn’t receive it</td>
</tr>
<tr>
<td>Diagnosed with high blood pressure</td>
</tr>
<tr>
<td>Diagnosed with heart disease</td>
</tr>
<tr>
<td>Had a regular doctor</td>
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* 1 or 2 questions improved, but the overall trend was no change  
** out of 20 questions, 3 questions got worse, 1 improved

We also found that participants felt less distressed.

We found that doctor diagnosed rates of high blood pressure and heart disease rose. Age was a factor in this.
More details on what we found...

**READING THE CHARTS**

*old housing*
- what participants said the first time they were interviewed, when they were living in their old unit in "old Regent Park"

*new housing*
- what participants said the second time they were interviewed, after they'd moved to a new unit inside or outside the Regent Park footprint

**They feel better about their home**

- I'm proud to show my home to visitors: 49% agreed, 93% agreed
- My home is a good reflection of who I am: 46% agreed, 85% agreed
- I find it hard to be at home sometimes: 54% agreed, 25% agreed
- My home is a good place to live my life: 71% agreed, 92% agreed
They’re more satisfied with their home

- Interior design/layout of rooms: 60%
- Noise from outside building: 47%
- Noise from inside building: 61%
- Safety & security of home: 51%
- Home is free from insects and other pests: 34%
- Cleanliness of unit: 42%
- Repairs & maintenance: 31%
- Indoor air quality: 49%
- My home as a whole: 61%
They feel better about their neighbourhood

- I think my neighbourhood is a good place for me to live ........ 69% 92%
- I feel at home in this neighbourhood ......................... 71% 86%
- It is very important to me to live in this neighbourhood ........ 49% 71%
- I expect to live in this neighbourhood for a long time ........ 54% 79%
- People generally get along ........................................ 34% 58%
- I have access to a grocery store in my neighbourhood ........ 85% 97%

% who said “yes” when they were living in their old unit
% who said “yes” when they were living in their new unit
They’re more satisfied with their neighbourhood

- Neighbourhood as a whole: 59% satisfied, 81% satisfied
- Personal safety: 49% satisfied, 88% satisfied
- Police protection: 53% satisfied, 83% satisfied

% who were satisfied when they were living in their old unit vs % who were satisfied when they were living in their new unit.
They feel safer in their neighbourhood

73% of the 59 participants said they felt “somewhat” or “very” safe in their neighbourhood when we first interviewed them, while they were living in their original unit in Regent Park.

95% of the 59 participants said they felt “somewhat” or “very” safe in their neighbourhood when we interviewed them a year after they’d moved into their new unit.

<table>
<thead>
<tr>
<th>Life after dark...</th>
<th>% who said “yes” when living in “old Regent Park”</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel safe being at home alone after dark</td>
<td>67%</td>
</tr>
<tr>
<td>I feel safe from crime when I’m walking alone after dark</td>
<td>48%</td>
</tr>
<tr>
<td>I stay home at night because I’m afraid to go out alone</td>
<td>31%</td>
</tr>
<tr>
<td>I feel worried about being at home in the evening or night</td>
<td>33%</td>
</tr>
<tr>
<td>I would use public transit alone after dark more often if I felt safer from crime</td>
<td>63%</td>
</tr>
</tbody>
</table>
Property damage...

- In the past 12 months, someone in my household had property deliberately damaged or destroyed .......... 22% 7%

Feelings about community safety...

- Gang activity has a high impact on community safety ...... 34% 14%
- Drug activity has a high impact on community safety ...... 47% 19%
- Police treatment of youth has a high impact on community safety .................. 29% 7%
- Discrimination has a high impact on community safety ...... 22% 8%

% who said “yes” after they moved into their new unit
Summary of results

• Significant positive changes in:
  • How people felt about their homes
  • How people felt about their neighbourhoods
  • How people felt about their safety

• People also felt significantly less distressed

• No change in:
  • Feelings about neighbours, access to social support, opinions on the need for services in the neighbourhood and physical health;
  • Other aspects of peoples’ mental health didn’t change

• Some negative change in self-reported hypertension and heart disease
Interpreting the results

- Results are very similar to Phase 1 of the study
- Factors that are directly affected by relocation to revitalized housing showed positive, significant change
  - Dwelling satisfaction, neighbourhood satisfaction, perceptions of crime/safety
  - Health is shaped by many other factors
- Some new amenities already built while people in ‘old’ units; some still waiting to be built after people had moved to new units
Does social mix ‘work’?

- Lively debate in media reflects academic debate
- Basic arguments:
  - Size & importance of neighbourhood effects are exaggerated
  - Potency of social mix interventions to ameliorate problems of concentrated poverty are similarly exaggerated
  - Negative effects of socially-mixed redevelopment far outweigh positives
- Rejoinders:
  - Magnitude of effect is subjective assessment; status quo ok?
  - Limited outcomes of social mix considered to date
  - Another subjective assessment, is inaction tenable?
- Need to consider: Mechanism + context = outcome
Social Mix: Definition & Impact

• Vague def’n, in practice means mixed tenure
  • Sounds inherently virtuous – seldom questioned

• Research & policy literature says social mix =
  • Social capital & social networks
  • Social control
  • Culture & behaviour / role modelling
  • Political economy of place
  • Attitudes and experiences of social mix

• Evidence: very little of these things happens
  • Little interaction of any kind b/w tenures
  • Role modelling may happen b/w kids & adults
  • Some negative consequences – conflict, loss of affordable services
Mechanisms, Pathways and Patterns of Social Mix in Public Housing Redevelopment

• Numerous examples of ‘socially-mixed’ public housing redevelopment

• Evidence of the impact of this is equivocal
  – People don’t ‘mix’ in any substantial way across class or tenure in studies that have carefully observed this

• But does this matter? Is the benchmark that people across class (and race) lines have BBQs?

• What should the benchmark be? Where and how does social mix take place? What are the appropriate outcomes?
De-stigmatization: Application to Regent Park

- Adapting the concept directly focuses on ‘everyday de-stigmatization practices and experiences of residents’ (Lamont)
  - We call this *personal de-stigmatization*
- *Place de-stigmatization* also a latent goal
  - Known as ‘*normalization of the built environment*’
- Key concept appears to be porousness of boundaries – both social and spatial
  - Can this be achieved with co-location?
  - How important are spatial relations?
Implications for Research

• Three important implications for developing & evaluating complex interventions:
  – Can’t read the elements of a successful intervention from the coefficients of a regression model
  – No *necessary* symmetry between causation & remediation
    • The remedy to a problem is not necessarily to simply reverse the causal pathway that created it
  – Need research approaches that allow us to detect unexpected outcomes

• Must be cautious about establishing benchmarks about what ‘works’
  • closes off important avenues of inquiry
Discussion

• Clear positive impacts of Regent Park redevelopment
  • Positive enough? Negative impacts? Implications?
  • Such findings hard to dismiss
  • Are there interventions that could have a greater impact? Probably, but not on political agenda

• ‘Does social mix work?’
  • Complex question; research must reflect this
  • Mechanism + context = outcome: need this frame
Questions?

Report available online:

http://www.crunch.mcmaster.ca/projects/regent-park-revitalization

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