

# 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











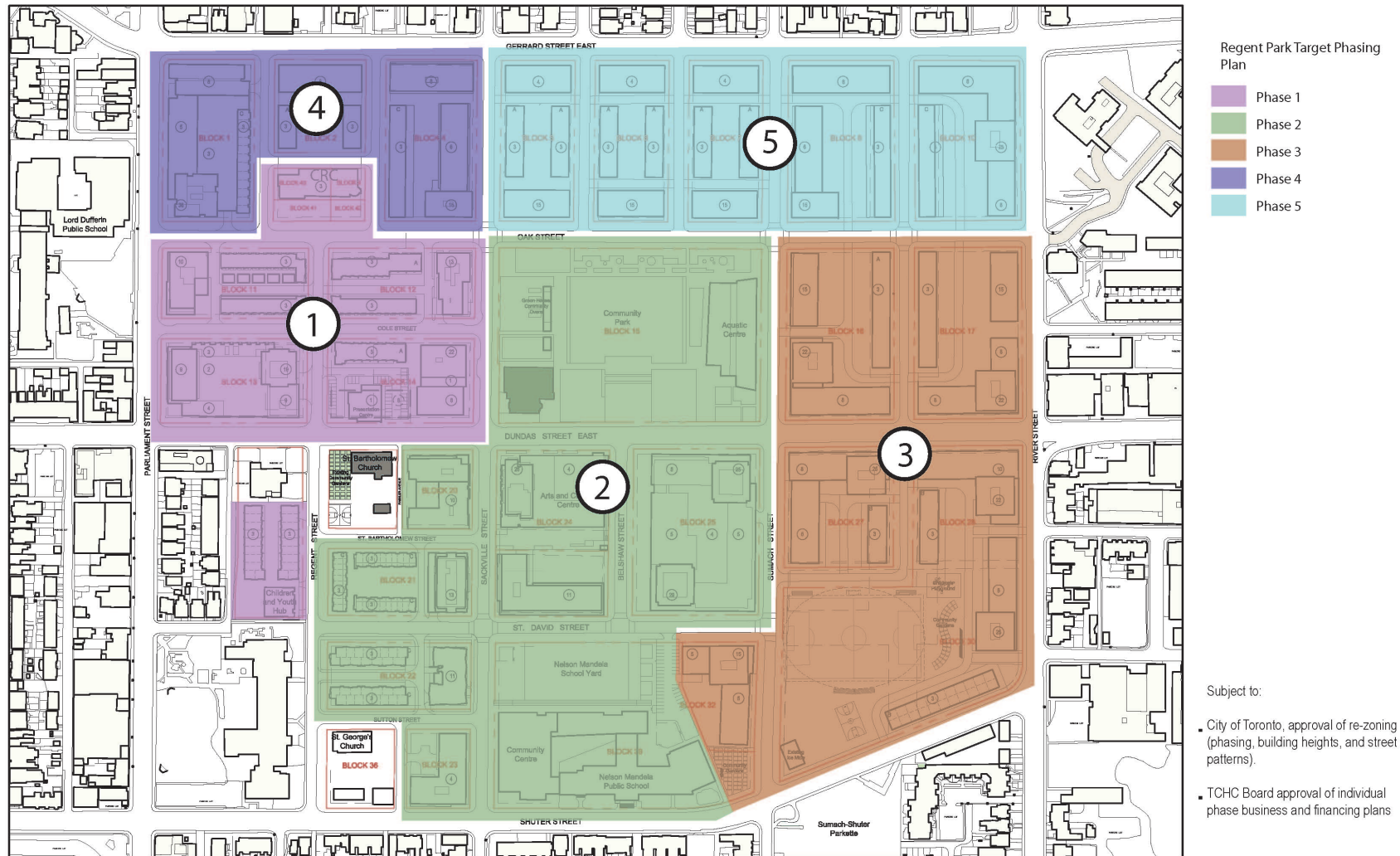
# Community



- 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





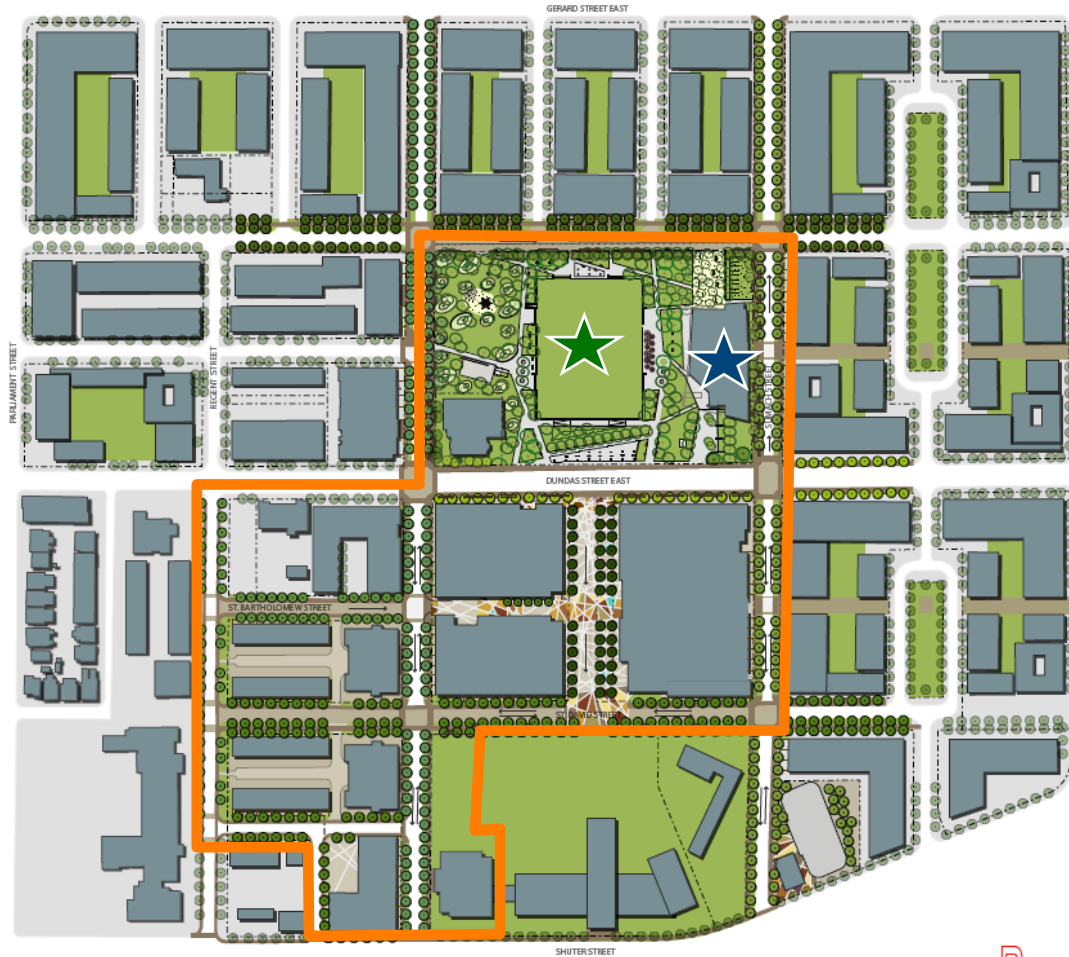
# onecole

CONDOMINIUMS AT DUNDAS & PARLIAMENT



Daniels  
love where you live™

# Master Plan Phase 2: Key Features



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



Indoor pool



Central Park





# 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



**OLD REGENT PARK**

**PHASE 1**  
(complete)

**PHASE 2**  
(in progress)

**153** – first  
interviews



**RELOCATION HOUSING**

**60** – first  
interviews

**73** – second  
interviews



**NEW UNIT**

**39** – second  
interviews

**59** – second  
interviews

# Who We Talked To





# Who we talked to continued...

**54%** 20 to 44 years old

**42%** 45 to 65 years old

**31%** Born in Canada

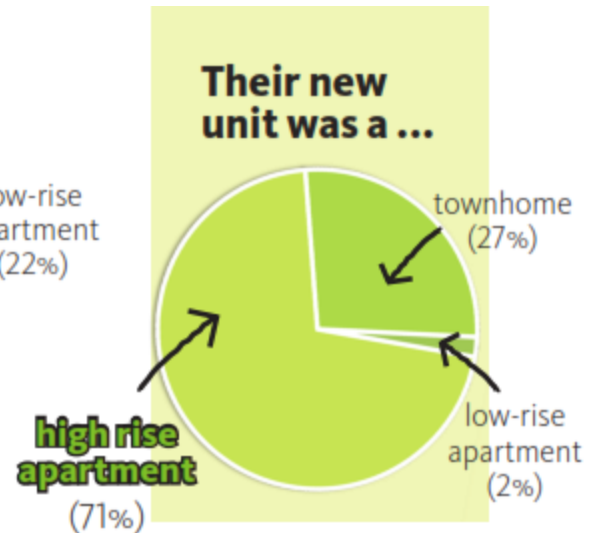
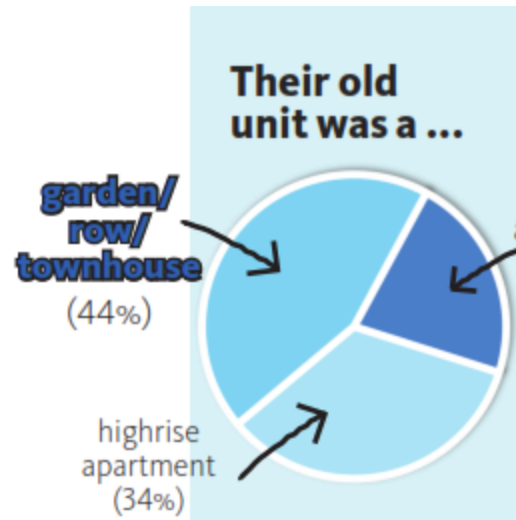
**32%** Speak English at home

**54%** Have more than a high school education

**45%** Live in a household that makes \$20,000+ a year

**47%** Married

**61%** Female



# What we found

we usually asked  
several questions  
on each topic

## What changed for the participants?

TOPICS	Improved	No change	Got worse
Satisfied with their neighbourhood	X		
Satisfied with their home	X		
Felt a strong sense of community	X		
Felt good about/proud of their home	X		
Felt good about their neighbours		X*	
Said they need services, such as recreation facilities, libraries, grocery stores, banks		X*	
Said services are accessible		X*	
Felt they had others they could depend on		X	
Felt safe in their neighbourhood	X		
Took steps to protect themselves from crime		X	
Someone in their household was a victim of crime in the past month		X*	

Overall, we found  
that participants  
felt better about  
their home,  
neighbourhood,  
and community.

\* 1 or 2 questions improved, but the overall trend was no change

\*\* out of 20 questions, 3 questions got worse, 1 improved

Someone in their household was a victim of crime in the past month		X*
Felt stressed most days		X
Felt anxious in the past week		X**
Felt depressed in the past week		X
Felt distressed in the past week	X	
Felt bothered by physical or emotional issues in the past month		X
Felt satisfied with their life		X
Rated their health as fair or poor		X
Needed health care but didn't receive it		X
Diagnosed with high blood pressure		X
Diagnosed with heart disease		X
Had a regular doctor		X

\* 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"*



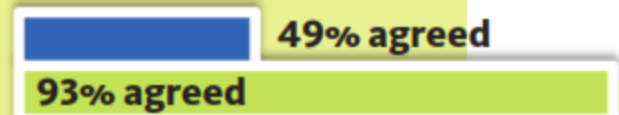
*what participants said the second time they were interviewed, after they'd moved to a new unit inside or outside the Regent Park footprint*

new housing



## They feel better about their home

I'm proud to show my home to visitors



My home is a good reflection of who I am



when living in new unit

I find it hard to be at home sometimes

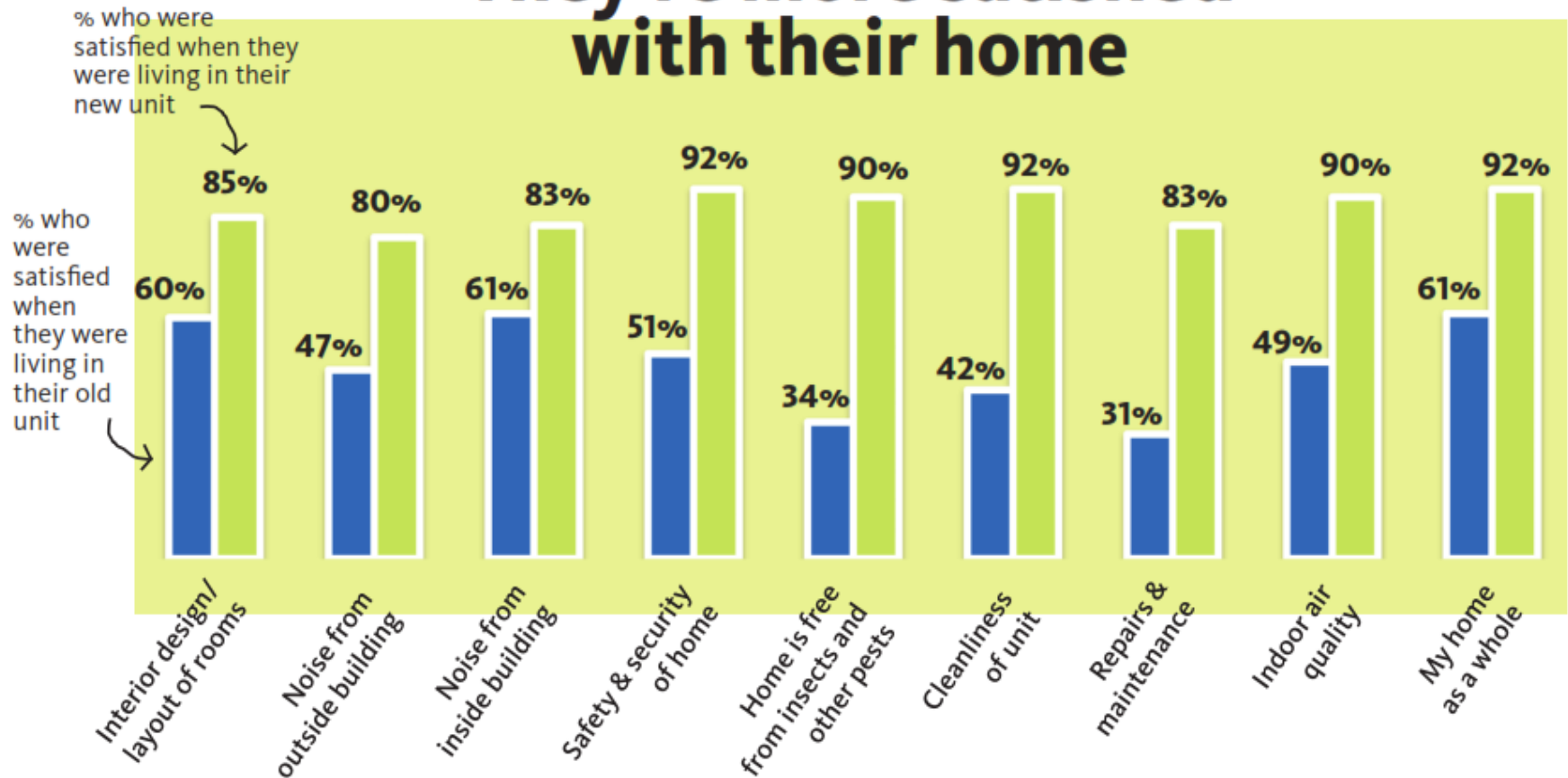


when living in old unit

My home is a good place to live my life



# They're more satisfied with their home



# They feel better about their neighbourhood

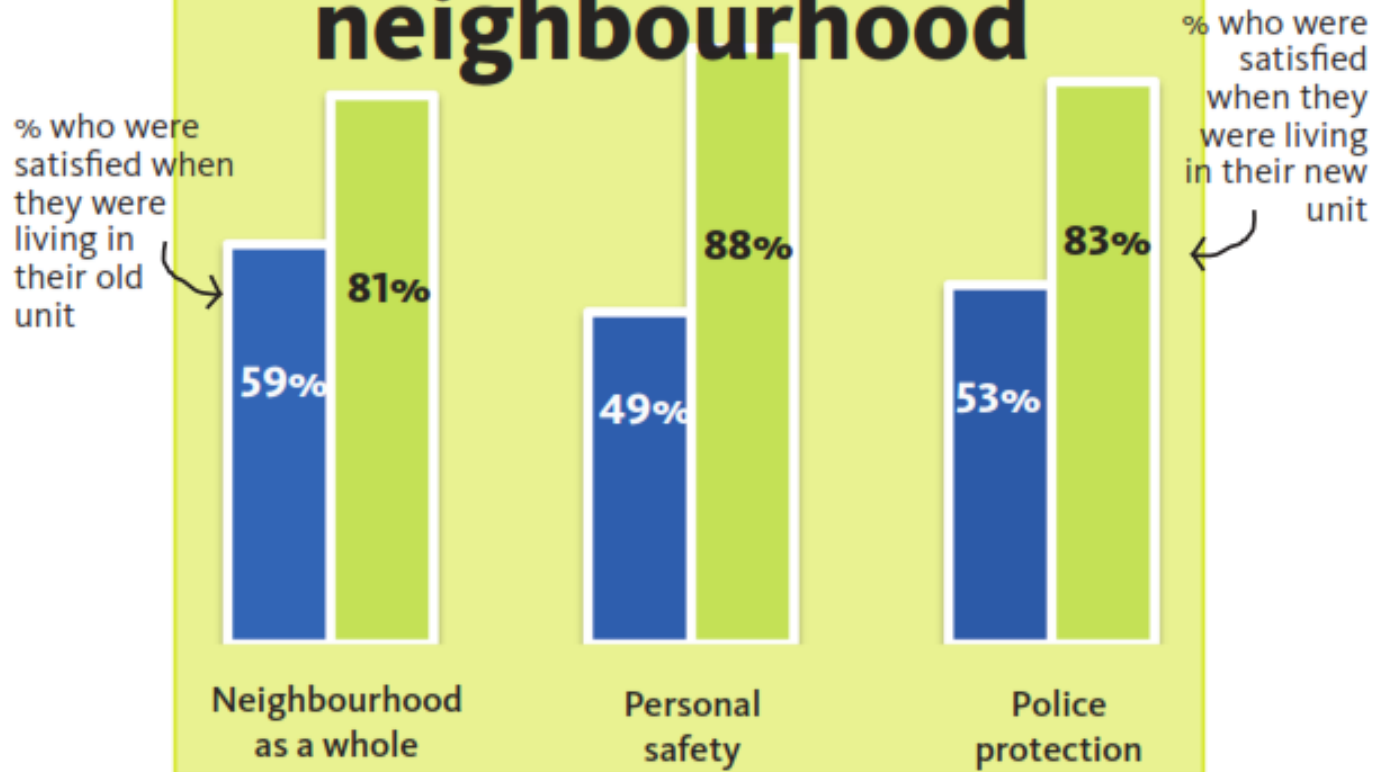
▶ I think my neighbourhood is a good place for me to live . . . . .	<b>69%</b>	<b>92%</b>
▶ I feel at home in this neighbourhood . . . . .	<b>71%</b>	<b>86%</b>
▶ It is very important to me to live in this neighbourhood . . . . .	<b>49%</b>	<b>71%</b>
▶ I expect to live in this neighbourhood for a long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

% 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



# 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.

% who said “yes”  
when living in “old  
Regent Park”

## Life after dark...

▶ I feel safe being at home alone after dark . . . . .	<b>67%</b>	<b>83%</b>
▶ I feel safe from crime when I’m walking alone after dark . . .	<b>48%</b>	<b>79%</b>
▶ I stay home at night because I’m afraid to go out alone . . . .	<b>31%</b>	<b>17%</b>
▶ I feel worried about being at home in the evening or night . .	<b>33%</b>	<b>17%</b>
▶ I would use public transit alone after dark more often if I felt safer from crime . . . . .	<b>63%</b>	<b>33%</b>

## 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](http://www.crunch.mcmaster.ca/projects/regent-park-revitalization)

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