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June 30, 2011

Honorable Deb Matthews
Minister of Health and Long-Term Care
Hepburn Block
10th Floor
80 Grosvenor Street
Toronto, ON M7A2C4

Dear Minister:

**Re: The Role of Public Health Inspectors in Maintaining Housing in
Northern and Rural Communities**

At its meeting on May 19, 2011, the Sudbury & District Board of Health carried the following resolution #30-11:

WHEREAS the health risks associated with housing conditions are well known and are influenced by physical, biological, social and psychological factors; and

WHEREAS the Sudbury & District Board of Health has demonstrated its ongoing commitment to improve the social and economic conditions that impact health which include healthy and affordable housing; and

WHEREAS local research conducted in 2008, in partnership with Laurentian University, identified a perceived need for increased public health involvement in housing-related issues; and

WHEREAS in November 2010, a joint Sudbury & District Health Unit, Laurentian University research team, supported by the Canada Mortgage and Housing Corporation, released the report: The Role of Public Health Inspectors in Maintaining Housing in Northern & Rural Communities; and

WHEREAS based on research findings, the aforementioned report recommended nine actions to further support public health inspector interventions related to housing and health; these ranged from actions pertaining to specific public health unit practice to additional research and policy advocacy initiatives; and

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Minister of Health and Long-Term Care
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THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health endorse the recommendations of the report: The Role of Public Health Inspectors in Maintaining Housing in Northern and Rural Communities; and

FURTHER THAT the Sudbury & District Board of Health urge the Ontario Agency for Health Protection & Promotion, the Ministry of Health and Long Term Care and the Ministry of Health Promotion and Sport to also endorse the report's recommendations, and act on those pertaining to the development of guidance documents and training opportunities for Public Health Inspectors; and

FURTHER THAT a copy of this motion and the associated report be forwarded to the Ontario Agency for Health Protection and Promotion; the Ministry of Health and Long-Term Care, the Ministry of Health Promotion and Sport, the Public Health Agency of Canada, the Canadian Public Health Association, the Ontario Public Health Association (OPHA), the Association of Local Public Health Agencies (aLPHa), the Association of Supervisors of Public Health Inspectors of Ontario; the Canadian Institute of Public Health Inspectors, the Federation of Northern Ontario Municipalities (FONOM), the Association of Municipalities of Ontario (AMO) and all Ontario Boards of Health.

The executive summary of the report can be accessed online through the Sudbury & District Health Unit website. A copy of the full report is attached for your convenience. It is the Board's hope that the Ministry will act on the report recommendations pertaining to the development of guidance documents and training opportunities for Public Health Inspectors.

Thank you for your attention to this important public health matter.

Yours sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc.: Minister of Health Promotion and Sport
Ontario Agency for Health Protection and Promotion
Public Health Agency of Canada
Canadian Public Health Association
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Siu Mee Cheng, Executive Director, Ontario Public Health Association
Association of Supervisors of Public Health Inspectors of Ontario
Canadian Institute of Public Health Inspectors
Federation of Northern Ontario Municipalities
Association of Municipalities of Ontario
Dr. Arlene King, Chief Medical Officer of Health
Ontario Boards of Health

The Role of Public Health Inspectors in Maintaining Housing in Northern and Rural Communities

**Presented to Canada Mortgage and
Housing Corporation**

Executive Summary

Sudbury & District Health Unit
November 16, 2010



Sudbury & District

Health Unit

Service de
santé publique

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The research team wishes to express special thanks to the members of the study advisory committee. Their guidance informed all aspects of this work, including study design, participant recruitment, data analysis, and the development of recommendations most relevant to public health practice.

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Ce document est disponible en français.

Executive Summary

The health risks associated with physical housing conditions are well known. Less well known is how public health inspectors (PHIs) carry out their role in assessing and responding to these health risks. Limited research has been undertaken into such PHI roles and even less has involved PHIs servicing northern and rural communities. This lack of data makes it difficult to: 1) clearly identify the role of PHIs in housing-related health risk assessment and management; 2) understand the dynamics of interventions and policies relative to the assessment and management of reported physical housing conditions; and 3) recommend ways to optimize the role of PHIs in reducing health risks associated with physical housing conditions. This one-year study used a qualitative approach guided by community-based participatory action research principles (Minkler & Wallerstein, 2008; Streubert Speziale, 2007) to provide a comprehensive understanding of the experiences and processes of PHIs in assessing and responding to physical housing conditions that may pose a threat to health.

Seventeen photographs, many taken as part of a prior study, were used to create photo vignettes. Vignettes represented two general categories of potential housing hazards: biological exposures (mould and infestation) as well as physical characteristics of housing (structural and sanitation in relation to sewage/flood, self-care and hoarding). PHI participants were presented with the vignettes and asked to identify and define the housing conditions of concern to them and describe the most relevant interventions in response to those concerns.

Findings demonstrated general consistency in how PHIs assess potential health risks and some variation in how PHIs respond to these same potential hazards. The assessment of the physical characteristics of housing such as the structure of a dwelling tended to be consistent, while that of biological hazards showed more variation. Variation in responses was often explained by differing interpretations of the scope of the provincial legislation as well as local public health unit policy and practice. Property ownership was found to be a factor in determining possible interventions. In many cases, referral to or consultation with community partners was a necessary intervention. The success of these interventions was in large part determined by the working relationships between partners and the clarity of respective roles. The ability to refer and to collaborate was further limited in unorganized territories where few services exist.

Many participants commented that the conditions represented were more likely to involve and affect vulnerable individuals such as those with limited capacity for self-care, those with mental health issues and residents of low socio-economic status. Although this reality frequently seemed to increase participants' desire to find a resolution to housing issues, it also posed complex challenges for the PHIs due to power differentials, limited resources and limited scope of practice. PHIs also spoke of the emotions this work can elicit.

Executive Summary

The findings have enabled the research team to conclude with nine recommendations for action to optimize the role of PHIs in reducing health risks associated with physical housing conditions.

1. Develop public health guidance documents that clarify the role of public health inspectors in relation to housing issues.
2. Develop and adopt tools to standardize assessment of housing factors that mediate the housing and population health relationship.
3. Implement surveillance and purposeful reporting of housing indicators to monitor trends and evaluate effectiveness of interventions.
4. Develop post-secondary curricula related to factors which mediate the housing - population health relationship and related public health interventions.
5. Provide ongoing staff development and training to support public health inspectors working to resolve housing related issues.
6. Ensure organizational priority is given to the development and fostering of partnerships and communication between community stakeholders.
7. Increase the availability of provincial supports provided to residents of unorganized territories.
8. Boards of Health and Medical Officers of Health support the involvement of PHIs in advocacy related to the social and economic conditions that impact housing and PHIs' health.
9. Conduct further research to identify best practices related to public health interventions to improve and maintain housing.

Recommendations range from developing guidance documents that clarify PHI roles and provide guidance on interventions for specific housing issues, to implementing partnership models, to enabling action through advocacy, to providing further education and support to PHIs at the post-secondary level and within public health units. The literature review completed as part of this study uncovered the paucity of evidence to support various PHI interventions related to housing. It is critically important that knowledge be built in this area. Finally, this study has demonstrated that assessing and intervening in physical housing situations present many complexities and require a will on the part of multiple sectors and jurisdictions to act in concert. Studies such as this provide some compelling evidence to support actions, particularly related to PHI practice, that could help move this agenda forward.