

HEALTH, HOUSING AND HOMELESSNESS

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PAPER 1

Housing and health: a multidirectional relationship

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Purpose

Housing is a fundamental determinant of health and wellbeing. Appropriate housing – affordable, good quality, stable and secure housing – is a key precondition for promoting health and health equity, preventing illness and building healthy and inclusive communities. This paper identifies multiple links between housing and social, psychological, physical and emotional health and wellbeing. It outlines the population-wide implications of these complex linkages and demonstrates a need for integrated health and housing policy.

Introduction

A lack of secure, good quality and affordable housing can be associated with a range of poor mental and physical health outcomes – respiratory diseases, cardiovascular diseases, injuries, mental health problems and infectious diseases. Accordingly, our housing system, in particular the quality and cost of housing, ultimately influences downstream health system costs.

In light of major demographic (ageing population) and climate changes (global warming causing higher temperatures), the design of housing stock is becoming increasingly critical for the health and wellbeing of our population (World Health Organization 2018).

In the context of national, state, and local policy efforts to address housing challenges, it is important for policy makers and the public to understand the health and health equity implications of housing issues. Improving housing quality can not only save lives and reduce disease but it can contribute to quality of life in many ways, and to addressing major global issues such as poverty and climate change.

At the individual level, housing issues are often experienced within the context of life-course events and personal identity factors, which can compound disadvantage. Many of the issues that are important for housing and health are markedly interrelated. It is important to acknowledge these linkages but also consider strategies to address issues independently where necessary.

As described in the recent World Health Organization (WHO) Housing and Health Guidelines (2018), housing is a major entry point for intersectoral public health programs and primary prevention. The (2018) guidelines focus on the housing sector holistically and draw clear linkages between health and not only the housing policy setting, but the energy, community development and urban development policy environments too.

Housing as a basic human need

Housing is central to our lives and to the fulfilment of basic human physiological needs, and thus to protecting and promoting human health and wellbeing.

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As Maslow famously posited, human beings are motivated to fulfil their basic needs before they have the capacity to fulfil more advanced, complex needs (Figure 1). These basic needs include food, water, shelter, sleep and warmth. They are all influenced by housing; by the design, quality and location of the home. For example, the location of your house determines your ability to obtain healthy and nutritious food within a convenient distance. Your house also provides the facilities to prepare and serve that food, and possibly the means to grow healthy food. Moving up Maslow's hierarchy, there are housing implications at every step.

Figure 1 - Maslow's hierarchy of needs (Source: Shutterstock.com)



The safety and protection that a house provides can be thought of under three main categories; security from crime and fear; protecting property; and protecting family (Datta 2013). Living in a safe neighbourhood where crime rates are low, impacts personal safety. Vibrancy and activity within a neighbourhood can create passive neighbourhood surveillance, impacting on safety. The design features of a house, such as a smoke detector, security system or security screens also provide safety. Other design features such as sewerage and access to safe drinking water in the home are preconditions for safety from a disease prevention perspective. Moreover, the home is a setting for experiencing and managing other dimensions of personal safety and security such as opportunities to maintain secure employment and thus financial security.

The love and belonging level of the hierarchy encompasses social and relationship needs at a community, friendship, family and intimate level. The location of your home can considerably shape how often and with whom you socialise. There are also socio-economic and cultural connotations to this, depending on the demographic characteristics of your local area.

The configuration and comfort of your home influences how you relate to those within your household. Too much or too little space can affect personal relationships, i.e. overcrowding can trigger conflicts whereas large empty homes can create isolation and loneliness. The home typically incorporates spaces for socialising and even hosting people and thus opportunities to foster and protect relationships outside of the household. Access to Information and Communication Technology services within the household enables connectivity and belonging in the global community, generating a whole range of broader social opportunities.

The esteem level of the hierarchy encompasses both esteem from others and self-esteem (Datta 2013). Appearance and presentation influence how individuals gain both types of esteem. A comfortable and amenity rich home, as well as financial security, influence how we present within and to the community. How we present also shapes our ability to obtain gainful employment. This demonstrates the bilateral relationship between financial security and housing. A house is also a common indicator of individual status, which impacts both forms of esteem.

Self-esteem is shaped by access to quality education and the opportunity to experience professional achievement and personal enrichment (Datta 2013); factors which home and neighbourhood also influence. Esteem-related achievement and enrichment opportunities include activities to help and serve others and the world around us, as well as more self-indulgent activities and interests, like enjoying good food or having a high quality entertainment system to watch movies.

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Finally, the fifth level of Maslow's hierarchy incorporates self-actualisation needs. These include realising personal talent and potential, but arguably also encompass having the freedom to explore spontaneity, spirituality and creativity, in order to evolve the self (Datta 2013). The location, quality and security of housing shape and influence many dimensions of self-esteem and self-actualisation needs.

Housing: a social determinant of health and wellbeing

Building on the notion that quality housing is a basic human right and is central to our lives, it is clear that housing is a mechanism through which social and economic inequities translate to health inequities (Braubach & Savelsberg 2009). Housing provides not only the benefit of shelter but also, through location, facilitates and/or influences access to a further bundle of goods and services, such as employment, education, and social connections (Baker et al 2014; Pollack et al 2010).

Differential access to housing, income security and employment can worsen health inequities (Commission on Social Determinants of Health 2008). The relationship between housing and health equity is complex and incorporates a multi-dimensional interplay between the local housing context and broader social and economic inequities. Housing affordability, quality (of both the dwelling and the neighbourhood), stability and security are therefore important influencers of both health and health equity.

There are multiple direct and indirect pathways connecting housing and both health and health equity. A recent report by Toronto Health (2016 p.17) provides some examples of these:

- > The high cost of housing and insufficient supply of good quality affordable, supportive, and accessible housing in combination with social and economic inequities such as poverty can result in people living in poorer quality housing or neighbourhoods with less access to factors important for health;
- > The high cost of housing and low supply of affordable housing can create affordability issues leading to reduced expenditures on food, food insecurity, and food bank usage which can impact health;
- > Social and economic inequities such as discrimination and violence/abuse can lead to housing instability such as couch surfing, overcrowding, and homelessness which can in turn affect health;
- > Substance use can lead to evictions and homelessness either directly or indirectly through poverty and unemployment. This can either cause new, or amplify existing, mental and/or physical health issues;
- > Physical disabilities or chronic illnesses can lead to social and economic inequities such as unemployment and poverty, which in combination with an insufficient supply of accessible, affordable housing can amplify these health issues, make their treatment and management more challenging, or lead to further health issues.

The WHO's (2011) Social Determinants of Health Sectoral Briefing Series 1 – Housing: Shared Interests in Health and Development paper identifies the following key policy goals that commonly address the linkages between housing and health:

1. **Sound construction:** Dwellings provide adequate shelter from natural elements and hazardous substances. Dwellings should be of sound construction, in a reasonable state of repair, weatherproof and adequately ventilated.
2. **Safety and security:** Housing ensures personal and household privacy, safety and security. Housing should allow occupants to live without fear of intrusion, provide safety, and allow safe entry and exit.
3. **Adequate size:** Dwellings provide space appropriate to household size and composition. Dwellings should have space for individual and common purposes within accepted crowding ratios, and allow separations between uses.
4. **Basic services available:** Reasonable levels of basic services are available at the dwelling. Clean water, sanitation, waste disposal, access infrastructure and power should be available.
5. **Affordability:** Housing costs are reasonable and affordable. Accommodation costs should be within accepted affordability limits to secure housing for all.
6. **Accessibility:** The location of the dwellings allows access to social services, services and space for activities of daily life, and economic opportunities. Residential locations allow access to opportunities for education, purchasing or growing food, purchasing other necessities for daily living, recreation, and employment.

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7. Tenure: Tenure arrangements ensure reasonable continuity of occupation. Terms of occupation provide stability for individuals, households, communities and areas or neighbourhoods.
8. Protection from climate change: Dwellings protect occupants from climate change. Dwellings should protect people from extreme weather events and contribute to the reduction of greenhouse gas emissions.

More recently, and in light of an ageing population and climate change, the WHO Housing and Health Guidelines (2018) draw on new and emerging evidence for reducing the health risks associated with poor housing, with a focus on four areas:

1. Inadequate living space (crowding)
2. Low and high indoor temperatures
3. Injury hazards in the home
4. Accessibility of housing for people with functional impairments.

Housing affordability, stability and security

Housing affordability relates to an individual's ability to pay for their housing. When people struggle to meet the cost of housing it is often described as housing affordability stress (HAS). HAS is commonly defined as a situation where housing costs exceed 30 per cent of a low-income household's income (AHURI 2011). Housing stability on the other hand, can be defined as the extent to which an individual's customary access to housing of reasonable quality is secure and maintained.

The relationship between housing affordability and health is also bi-directional. To attain and maintain sustainable housing, people need adequate, coordinated and timely support for their health. Equally, to maintain good health, people need to be in affordable, adequate and secure dwellings (Mallett et al 2011).

Housing is, for many people, their major expenditure and largest ongoing household cost. As such, housing affordability influences the quality of an individual's life. Housing has a marked impact on people's health and wellbeing and financial resilience (Baker et al 2015). When affordable housing is not available to low-income households, resources needed for food, medical or dental care, transport, and other necessities are often diverted to housing costs.

Evidence shows that unaffordable housing is related to poorer mental health (Bentley et al 2011). Affordable, stable and safe housing supports mental health by limiting stressors related to financial burden or frequent moves, particularly for lower income households. Affordable housing can have mental health benefits by offering residents control over their environment and providing residential stability. Financially vulnerable households are at greater risk of eviction or other forced movement through the housing market, which can lead to poorer health and wellbeing outcomes (Bentley et al 2015). Residential instability and multiple moves among adolescents and children have a compounding negative effect on mental wellbeing. Repeated residential mobility has been associated with reduced social connectedness for children and their families (Tama & Newman 2010).

The housing continuum encompasses a broad range of housing policy responses that government can consider, to address access and affordability in many environments (AHURI 2017), with a broad range of implications for health and wellbeing. Such responses range from targeting those experiencing homelessness through to social housing tenants, first home buyers and beyond. It is important to recognise that these different tenure circumstances do not exist in isolation but are interconnected and shape one another, and people do not necessarily move through them in a linear manner.

Homelessness for example, is considered the crisis domain of the housing continuum, and the health implications of homelessness are markedly pronounced. For people experiencing homelessness, meeting just basic physiological needs, such as warmth, shelter and access to nutritious food can be a struggle. As a result, people with lived experience of homelessness experience higher levels of poor physical and mental health, alcohol and illicit drug use/abuse, injury, violence, self-harm and incarceration.

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Conclusion

The complex interconnectedness of health and housing issues demonstrates a need for integrated health and housing policy. Housing is central to the satisfaction of human needs at all levels; it is a basic human right and should therefore be prioritised as such in the policy context. Housing is critically important for social, psychological, physical and emotional, health and wellbeing.

Housing, including the provision of affordable, stable and secure housing, needs to be well-built, well-located and suited to the needs of its residents. This is important for the promotion of health and prevention of illness, at the individual, community and population level. Ensuring everyone lives in healthy and safe dwellings has implications for national, regional and local governments and policy.

References

- AHURI (2017), *Understanding the Housing Continuum*, Policy Brief, <https://www.ahuri.edu.au/policy/ahuri-briefs/understanding-the-housing-continuum>
- Baker E, Mason K & Bentley R (2015) 'Measuring housing affordability: A longitudinal approach,' *Urban Policy and Research*, DOI: 10.1080/08111146.2015.1034853
- Baker, E., Mason, K., Bentley, R. and Mallett (2014) 'Exploring the bi-directional relationship between health and housing in Australia,' *Urban Policy and Research*, 32(1), pp. 71-84.
- Bentley, R., Baker, E., Mason, K., Subramanian, S.V. and Kavanagh, A.M. (2011) 'Association between housing affordability and mental health: a longitudinal analysis of a nationally representative household survey in Australia,' *American Journal of Epidemiology*, 174, pp. 753-760.
- Bentley R., Pevalin D., Baker E., Mason K., Reeves and Beer A. (2015) 'Housing affordability, tenure and mental health in Australia and the United Kingdom: a comparative panel analysis,' *Housing Studies*, DOI: 10.1080/02673037.2015.1070796
- Braubach, M., and Savelsberg, J. (2009) 'Social inequalities and their influence on housing risk factors and health: A data repost based on WHO LARES database,' Copenhagen: WHO regional Office for Europe, Retrieved from http://www.euro.who.int/_data/assets/pdf_file/0013/113260/E92729.pdf
- Commission on Social Determinants of Health (2008) *Closing the gap in a generation: Health equity through action on the social determinants of health*, Final Report of the Commission on Social Determinants of Health Geneva: World Health Organization, retrieved from http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf
- Datta, Y. (2013) 'Maslow's Hierarchy of Basic Needs: An Ecological View,' State University of New York, 8(1).
- Pollack, C., Griffin, B. and Lynch (2010) 'Housing affordability and health among homeowners and renters,' *American Journal of Preventive Medicine*, 39(6), pp. 515-521.
- Mallett, S., Bentley, R., Baker, E., Mason, K., Keys, D., Kolar, V. and Krnjacki, L. (2011) *Precarious housing and health inequalities: what are the links?* Summary report, 2011, Hanover Welfare Services, University of Melbourne, University of Adelaide, Melbourne City Mission Australia.
- Tama, L. and Newman, S. (2010) 'Housing and child development,' *Children and Youth Service Review*, 32(9), pp. 165-1174.
- Toronto Public Health (2016) *Housing and Health: Unlocking Opportunity*, retrieved from <https://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97428.pdf>
- World Health Organization (2011) *Social Determinants of Health Sectoral Briefing Series 1 – Housing: Shared Interests in Health and Development*, retrieved from http://apps.who.int/iris/bitstream/handle/10665/44705/9789241502290_eng.pdf;jsessionid=F770F271CE2D584F1F018F8148F7D9B5?sequence=1
- World Health Organization (2018) *WHO Housing and health guidelines*. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO. <https://www.who.int/phe/news/note-media-housing-health-guidelines/en/>