Access to Quality Housing and its Effects on Health
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Introduction

Studies have shown that an individual’s health is greatly influenced by his or her social and economic situation. One such social determinant of health worthy of analyzing is access to affordable and quality housing. Substandard housing, which can be defined as housing that poses a risk to the health, safety or physical well-being of its occupants and its neighbors and visitors, is a major public health issue, as hazardous conditions can lead to injury and health problems. 13.5 million non-fatal injuries occur in and around the home, 2,900 people die in house fires, and 2 million people make emergency room visits for asthma every year. Furthermore, 1 million young children live with dangerously high blood lead levels which can adversely affect their intelligence, behavior, and development and thus lead to more problems in the future. These statistics illustrate how the quality of one’s home and environment can impact one’s health both presently and in the future.

Studies also show that a disproportionate number of people living in low-income neighborhoods and poor housing conditions come from immigrant and minority backgrounds. If we are able to improve access to affordable, quality housing, we might be able to minimize the deleterious effects substandard housing can have on people’s lives.

The purpose of this policy brief is to analyze the relationship between access to quality housing and the possible effects on health. Firstly, families’ homes should be safe and free of health hazards or dangerous conditions. Secondly, once homes are of good quality, they should be affordable by all families, including the poor. We will take a look at the current literature written about these two related fields and how they intersect to impact public health, as well as any proposed areas for policy intervention. From this, educated suggestions can be made as to what policy makers can do to best address this issue.

Research Findings

One link between housing and health includes an increased risk of disease when living in substandard housing. When one lacks safe drinking water, hot water for washing, proper waste disposal, and poor food storage capabilities, risk of contracting various infectious diseases increases. Overcrowding and poor ventilation is also a cause for concern as it can create a breeding ground for mites, roaches, mold, and respiratory viruses, leading to the transmission of tuberculosis and respiratory infections. Chronic disease, most commonly in the form of asthma or other chronic respiratory diseases has been linked to damp, cold, moldy housing as well as dwellings that expose people to toxic substances.

Lack of affordable housing has also been linked to poor nutrition. If poor families are forced to divert most of their resources to shelter, that leaves less income for food, leading to poor nutrition outcomes.
The conditions of the site of the home, such as the quality of the neighborhood, can be a determinant of health as well. Independent of individual risk factors, individuals living in areas of low economic status have been linked to increased levels of cardiovascular disease, STIs, depression, physical inactivity, and other unfavorable health outcomes.\textsuperscript{3}

Housing has been shown to affect a person’s mental health as well. For example, damp, moldy, and cold indoor conditions has been linked to anxiety and depression.\textsuperscript{3} Moreover, homelessness and living in poor, temporary housing has been related to behavioral problems among children. A London study showed that crowding was associated with psychological stress among middle-aged women.\textsuperscript{3}

There was one key study that hoped to explore the associations between housing mobility interventions for children in low-income neighborhoods and mental health during adolescence. Housing mobility can be demonstrated as when The US Department of Housing and Urban Development enacted an experiment known as the Moving to Opportunity for Fair Housing Demonstration and randomly assigned low-income public housing families into 3 different groups. One group received low-poverty housing vouchers that allowed a family to relocate to a low-poverty neighborhood with enhanced mobility counseling. A second group received traditional vouchers that allowed them to geographically relocate unrestricted. The third group was the control group and they received no intervention. Upon follow up to track participants’ mental health, the researchers found that the boys in the low-poverty voucher group had increased levels of major depression and PTSD. Compared to the control, boys in the traditional voucher group also suffered higher levels of PTSD. On the other hand, girls in the traditional voucher group had lower levels of these mental conditions when compared with the control group. It was difficult to attribute a causal mechanism that would lead to these results, but the researchers urge doing further experiments to study this topic further.\textsuperscript{4}

Other studies provided interventions aimed at improving the conditions of the houses. This might involve replacing old furniture or equipment for example. Although it was difficult to attribute a causal relationship with a particular intervention, researchers observed that health outcomes for these individuals did improve.\textsuperscript{5}

**Existing Policy**

One way in which officials are trying to ensure that housing is safe for families is through the enforcement of housing codes. These codes help to operationalize and clarify what conditions can be considered acceptable in a good quality home, and they are the responsibility of the housing and construction departments, usually enforced at the local level.\textsuperscript{3} One limitation facing these codes is that it can be difficult to consistently enforce them. Since resources for the inspection are spread across multiple agencies, there is a lack of staff and it can be difficult to coordinate efforts.

The Seattle-King County Healthy Homes Project also aims to ensure the quality of housing by employing community health workers to inspect houses for hazardous conditions and come up with an action plan for each household to bring it to safe standards.\textsuperscript{6} Other programs target the homeless and seek to educate people about indoor environmental quality and eliminating toxins from the home.
**Policy Recommendations**

According to the findings of the US Department of Housing and Urban Development study, there can be harmful effects for boys’ mental health. However, the researchers were not able to attribute any particular reason or causal mechanism to the observed results. Overall the associations between poor housing environments and poor health outcomes is strong, and it makes sense that improving the quality of homes as well as making good quality homes more accessible to the poor will lead to better health outcomes for the otherwise underserved.

One study analyzes the ways in which production, rehabilitation, and other provisions of affordable housing will lead to better health. Therefore, I advocate for policies that ensure the price for renting a home is affordable for those who fall below the poverty line. These individuals are perhaps the most in need and are at risk. Another strategy would be to support rent stabilizations to prevent gentrification and so that poor families do not have to worry about losing their homes. These policies need to be enforced in conjunction with proper housing codes to ensure that the affordable houses are also of good quality.

Whether people are above or below poverty levels, everyone deserves the opportunity to live in a home that is safe and that will not adversely impact their health. Having seen some of the ways one’s environment can play a role in health outcomes, it is important to enact the policies that will limit health disparities and better the health of all.

**Additional Resources**

US Dept. of Housing and Urban Development:  

[http://www.nhc.org/media/files/Insights_HousingAndHealthBrief.pdf](http://www.nhc.org/media/files/Insights_HousingAndHealthBrief.pdf)


5. Gibson M, Petticrew M, Bambra
