Synergy between sectors: fostering better housing and health outcomes

Summary

The Health 2020 policy framework has been adopted by all Member States of the WHO European Region in order to address Europe’s great social and health challenges, calling upon the health sector to reach out to, and work with, all the various sectors and parties in the continuous work of improving people’s health and well-being. Investment in housing plays an important role in determining health through the life-course. The housing sector is crucial to improving social and living conditions and preventing injuries and disease, as well as for supporting thriving and resilient communities. By working together, the health and housing sectors can contribute significantly to individuals, communities and societies, reduce inequalities and support human development and high-quality liveable environments. This will not only improve good health and well-being but also enhance good-quality housing and foster healthy and resilient communities and economies.

The housing sector can help to create healthier people and communities by:

- ensuring availability of affordable high-quality housing in safe neighbourhoods and with access to key services, education and leisure;
- ensuring that health considerations are included in the development, adoption and monitoring of standards and regulations;
- assessing and tackling housing conditions associated with health risks and poor disease outcomes;
- working with the health sector to identify urban and rural areas of highest deprivation, where vulnerable population groups are most likely to live;
- providing a safety net for those who face housing difficulties such as home loss or changes that make their homes no longer suitable; and
- working with the health sector to ensure that groups at risk of poverty and exclusion, including people with disabilities, are empowered and enabled to overcome structural and social disadvantages.
Key messages
The goal of Health 2020 is to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality.

1. Health and well-being are public goods and assets for human development, which contribute to strong, dynamic and creative societies.

2. Health and well-being are best achieved if the whole of government works together, and Health 2020 promotes a whole-of-government and whole-of-society approaches.

3. Improving health and well-being and reducing health inequalities is possible, through the right policies and working with other sectors.

4. Different countries, cities and communities are at different starting points: each is unique and can pursue common goals through different pathways.

5. Social progress is best measured by objective indicators of health, health equity and well-being, and this includes the conditions in which people are born, live and work.
In 2012, all 53 countries in the European Region adopted Health 2020, the new common European health policy framework, and committed themselves to developing integrative policies that engage with all sectors in addressing the social and economic determinants of health and well-being. Promoting high-quality and affordable housing options can play a key role in this process and further contribute to improving human health. The housing sector plays an important role in people’s lives, including ensuring high-quality living conditions and environments, social opportunities and the capacity to improve the environment and health of populations and communities.

Improvements in housing conditions in Europe have played a major role in increasing life expectancy, and housing improvement has been one of the main public health interventions. Living in poorly ventilated, unsafe and overcrowded settings with high levels of environmental pollution has a negative impact on health. Poor-quality built environment and inadequate housing conditions affect health and trigger inequities: dampness, mould and cold are only a few of the major risk factors linked to inadequate housing. These, in turn, increase the risk of musculoskeletal conditions, allergies, injuries, cardiovascular disorders and respiratory diseases, including asthma and tuberculosis. Working together, we have the power to intervene to address avoidable negative effects, to compensate for unequal situations and to ensure that the most vulnerable receive the extra attention they need.

Strengthening the link between health and housing policy
Health 2020: a framework for action

The goal of Health 2020 is to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality.

All Member States of the WHO European Region have agreed to monitor progress against six common targets:

1. Reduce premature mortality in the European Region by 2020
2. Increase life expectancy in the European Region
3. Reduce health inequalities in the European Region
4. Enhance the well-being of the European Region population
5. Ensure universal health coverage and the right to the highest attainable level of health
6. Set national goals and targets related to health in Member States.

What makes societies prosper and flourish can also make people healthy: policies that recognize this have more impact.

Building awareness and capacity to make health objectives part of society’s overall socioeconomic and human development is an essential task. All policy fields, including health, need to reform their ways of working and employ new forms and approaches to policy. This applies to the global, national and local levels.
Strengthening the link between health and housing policy

It is well understood that housing is an important determinant and lever for health and health equity. Housing and health are universal concerns and basic human needs. They are so closely tied that, historically, health and housing ministries were integrated in many countries, reflecting a synergistic relationship. Improving housing boosts health; and investing in health assures employability and, therefore, helps people to access and maintain adequate housing.

Many factors of housing have a critical influence on health, including location and design; the standard of construction and maintenance; amenities and service equipment, such as hygiene installations or heating; and the match of a given dwelling with the residing household. Mental health is also impacted by both safety of the neighbourhood and the security of the housing contract. Poor health can make meeting housing costs very difficult, and many find themselves forced into unsuitable or temporary accommodation that is not beneficial for recovery and well-being.

Rural communities, the urban poor, migrants, refugees and other vulnerable groups (e.g., children and youth, women, and the elderly) have the highest health risks associated with inadequate living and housing conditions. Disabled people often face limitations regarding accessibility and usability of their home. Some marginalized groups, such as the Roma, often live in dwellings made from nondurable material (tin, plastic foil, cardboard, mud) and without sanitation or sewage disposal facilities, all of which have direct negative health impacts.

Unaffordable and/or inadequate housing is also a major risk factor for mental health problems. Consistent evidence across the WHO European region finds that people who cannot afford rent or mortgage payments have elevated risks of depression and suicidal thoughts. Across Europe, it is estimated that as many as 1 in 50 000 people experience homelessness at some point in their lives. In extreme cases, if people become homeless, even for short periods of time, they face substantial risks of violence, sexually transmitted infections and chronic noncommunicable diseases. Homelessness has a negative impact on health, particularly mental health, making it difficult to break out of this vicious cycle. Ensuring that housing remains affordable contributes to the reduction of homelessness. Providing adequate and affordable housing for vulnerable groups is mutually beneficial for both housing and health ministries, dramatically reducing treatment costs in the health sector and the need for sheltered accommodation for homeless people.

Housing can also contribute to improved community integration, a social determinant of health. Health is an important prerequisite to social inclusion. When people suffer poor health, participation in the wider community can become challenging, thus fostering isolation rather than cohesion, undermining communities and having negative health impacts on individuals. Cohesion is further undermined by insecure housing. Where costs are high, length of tenure is short or protection from eviction is low, communities experience high levels of turnover and erosion of social and support networks.

Integrating health and housing concerns and investing in affordable housing that is energy efficient, supplied with basic services (water, sanitation, energy, ventilation), adequately spaced and well constructed can strengthen individual and community health and well-being, reduce inequalities, increase productivity at work and school, and boost the construction market and the local economy.
Synergy between sectors: collaboration to promote sustainable development and health

How can the sectors work together?

Health 2020 provides a platform for joint working between the housing and health sectors. As housing is a setting that affects virtually all population groups, actions in the housing sector can have an immense impact on population health. Working together, we have the power to intervene to address some of today’s greatest health challenges, including health inequalities and social exclusion, while ensuring that individuals and communities are able to fulfil their highest potential.

KEY AREAS TO EXPLORE TOGETHER INCLUDE:

- developing joined-up policy responses to support target populations, particularly during crises and times of economic uncertainty;
- developing joint regulatory frameworks that enable and promote accountability for the conditions and affordability of housing and prevent discrimination within the housing market;
- jointly targeting urban and rural areas of highest deprivation, where vulnerable groups are most likely to live; and
- working together to address inequalities associated with poor housing, including gender inequalities.

What can housing do to make a difference to health?

- Ensure that the right to housing is met, reducing the catastrophic health consequences of homelessness.
- Set and enforce minimum housing standards, reducing the number of health problems and thereby reducing the risk of payment problems.
- Work with the public and private housing sectors to ensure that the need for affordable housing is met to reduce homelessness and substandard conditions.
- Protect people from homelessness, particularly unfair eviction or foreclosure, by improving the stability and protection of housing contracts, thus reducing negative health impacts.
- Prioritize upgrading homes in poorer areas: improving energy and water efficiency, reducing fuel poverty, supporting better community integration and mitigation of climate change.
Collaborating to improve the well-being of people and communities

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<th>THE CHALLENGE</th>
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<tr>
<td>Ensuring that housing stock promotes health and well-being</td>
<td>Ensuring regulatory frameworks that provide for housing, particularly in the rental sector, to meet minimum standards, and that health is not put at risk by housing conditions. Supporting upgrades and improvements to keep housing appropriate for the changing needs of the population, particularly in areas of deprivation.</td>
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<tr>
<td>Preventing housing insecurity and overcrowding</td>
<td>Working together to identify and strengthen the safety net for those who face housing difficulties, such as home loss or changes in circumstances that make their homes no longer suitable. Supporting upgrades and improvements to keep housing appropriate for the changing needs of the population, particularly in areas of deprivation.</td>
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<td>Ensuring that access to housing is equitable and that no groups face discrimination</td>
<td>Strengthen communication between relevant partners (to identify, support and protect vulnerable populations). Regulate and monitor to protect groups at risk of discrimination (families with children, minority groups, women, and others). Working together to adapt existing housing stock to meet the care needs of people with disabilities and an ageing population. Introduce safe and reliable reporting measures so that discriminatory practices can be reported without fear of repercussions.</td>
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What can health do to make a difference to housing?

- Work with public, social and private housing providers to ensure that the health and social needs of the population are a primary consideration in housing design, construction, and maintenance.
- Evaluate the impact of housing policies on health and health inequalities, including the opportunities for health gains.
- Increase access to prevention and treatment in mental health services.
- Provide training on health aspects of housing for housing experts.
- Provide evidence on what works and minimum housing standards from a health perspective.
Using Health 2020 as a platform for joint work: a political mandate and evidence base

The Health 2020 policy framework has a political mandate. It has been adopted by all WHO European Region Member States and can be adapted to the different settings and realities that make up the Region. It describes how health and well-being can be advanced, sustained and measured through action that creates social cohesion, security, a good work–life balance, good health and good education. It calls upon the health sector to reach out to the many different actors within and outside government and provides inspiration and direction on addressing the complex health challenges of the 21st century. The framework confirms values, is based on evidence and identifies strategic directions and essential actions. It builds on the experiences gained through previous Health for All policies and guides the actions of both Member States and the Regional Office.

Inadequate housing is responsible for more than 100 000 deaths each year in the WHO European Region. Housing that is poorly located, constructed and/or maintained can cause or contribute to preventable diseases and injuries, including respiratory, nervous system and cardiovascular diseases, and cancer. The environmental health inequality report from the WHO Regional Office for Europe provided an assessment of six housing dimensions: water, bath/shower, toilet, dampness, crowding and maintenance of housing warmth in winter and coolness in summer. It found that inequities in housing provision exist in almost all European countries and are mostly driven by socio-economic determinants.

Housing plays a key role in health and health inequalities. Its impact is far reaching, directly through housing conditions and indirectly through issues such as proximity to services, schools and public transport. In the WHO European Region, the most frequent dampness problems are faced by households with low incomes, closely related to affordability of heating and low-quality housing. Larger households, especially those with low incomes, regularly face overcrowding issues. Water and sanitation in housing is also an issue of concern in some parts of the region, as is close proximity of housing facilities to waste dumps and waste-burnings sites. Reducing carbon emissions from buildings is also a core concern of housing ministers: increasing energy efficiency will reduce the cost of keeping houses warm, reduce dampness and, in effect can reduce winter deaths, particularly among older populations, and respiratory diseases among young children.

There are also important gender dimensions relating to the influence of housing on health. For example, female-headed households tend to be more likely than those headed by men to move into and remain in poor-quality housing. Single-parent families, the vast majority of which are headed by women, are also particularly likely to struggle with housing affordability. Making housing more affordable, ensuring that houses remain within reach of households with a single adult as head and ensuring that housing meets adequate standards would reduce social inequalities and gender inequalities, as well as health inequalities.

Health 2020 recognizes the housing sector as a co-producer of health and a partner in supporting the development of healthy people, families and communities. Without healthy homes, attempts to improve public health will always be limited. Only through working with the housing sector can health and well-being truly be maximized.

Reducing health inequalities
To reduce health inequalities, the following should be addressed.

LIFE-COURSE STAGE
• Ensure that children can grow up in safe and secure housing with access to services and outside spaces.
• Monitor the ability of young people to transition from family homes to independence, with particular focus for those leaving care.
• Guarantee the availability of housing suitable for older people and those with disabilities, and support home modification to enable independent ageing and home care.

WIDER SOCIETY
• Create partnerships with house builders and providers.
• Support for local governments to provide housing services.

BROADER CONTEXT
• Long-term planning and acknowledgment of lifestyle trends to ensure that housing stock meets needs.

SYSTEMS
• Ensure adequate provision of housing in terms of quantity and quality.
• Monitor to assure that housing remains affordable for all.
• Create systems to assist with the modernization of homes.
• Provide protection against unfair eviction and foreclosure.
• Monitor inequalities across tenures.
• Promote the mandatory provision of basic services (water, energy, heating) even if households cannot afford utility bills.