Health impact assessment of housing improvements: incorporating research evidence

H Thomson, M Petticrew, M Douglas

Background: Health impact assessment (HIA) has been widely recommended for future social policies and investment, such as housing improvement. However, concerns have been raised about the utility and predictive value of an HIA. Use of existing research data would add more weight to forecasts by an HIA.

Methods, results, and conclusions: A recent systematic review of housing intervention studies found a lack of research. The authors recommended that a broader evidence base would be needed to support HIA. In response to consultation with policymakers and HIA practitioners this paper presents a way in which research can be used to inform HIA. Based on the systematic review, the authors have developed a table of synthesised findings indicating the expected health effects of specific housing improvements. The authors also reviewed observational data of housing associated health risks to highlight the key impacts to consider when doing a housing HIA. The findings are presented and the authors discuss how they should be used to inform evidence based housing HIA. In addition to considering the existing research, HIA must consider the local relevance of research. Consultation with local stakeholders also needs to be incorporated to the final assessment. The lack of data and the difficulties in gathering and reviewing data mean that not all HIAS will be able to be informed by research evidence. Well conducted prospective validation of HIAS would contribute to the development of healthy housing investment by informing future housing HIA.

Scope of the review
The literature reviewed here relates to housing conditions and does not specifically include furniture interventions or interventions to reduce home accidents, falls, or fires or impacts of area regeneration. Four systematic reviews covering these topics and a comprehensive review on homelessness were identified but are outwith the scope of this paper. Literature on radon, lead, and carbon monoxide were also excluded as there are already measures in place to protect residents from those hazards.

EXISTING EVIDENCE OF HEALTH AND SOCIAL EFFECTS OF HOUSING IMPROVEMENTS
Table 1 shows the main effects of different types of housing improvements on six main broad health and social outcomes. The findings are a synthesis of the data from the intervention studies reviewed and we indicate the strength of evidence for each finding.

General physical health and illness episodes
Thirteen studies assessed changes in general health after housing improvement. Measures used included self reported wellbeing, activity, symptoms or illness episodes, and health service use. Two studies used a validated general health measurement. Ten studies found some health improvements and five studies found no difference in some measures. Some studies found mixed effects.

Three studies of rehousing and community regeneration reported adverse effects on general health. One study found increases in reported illness episodes (+56%), though this was in part attributed to a flu epidemic. In a further study, age standardised mortality rates increased for all ages, except infants, five years after rehousing from a slum area.

Mental health
Half the studies identified used a measure of mental wellbeing (including the Hospital Anxiety and Depression Scale (HADS), self reported mental health and hypnotic prescribing levels). These studies assessed the health
impacts of Medical Priority rehousing, energy efficiency improvements, refurbishment, rehousing, and area regeneration. All of these studies, except one study of central heating installation, found improvements one month to five years after the housing improvements were completed. In one large, prospective controlled study the degree of improvement in mental health was directly related to the extent of housing improvements, with the strongest research evidence of health gains generated by housing investment most likely to come from completed intervention studies. However in the absence of this, it is necessary to consider other data sources. The following sections provide a selective review of observational and qualitative literature that has linked poor housing conditions to health. Where available up to date systematic reviews or comprehensive expert reviews were used to inform this review.

**Increased rents**

Two studies of rehousing and area regeneration provide good examples of the potential for unintended adverse effects because of increased rents. One study reported increases in standardised mortality rates in the rehoused residents. This was attributed to a doubling in rents, which in turn affected the households’ ability to buy an adequate diet. More recent work in Stepney also reported that rents in the new houses increased by an average of 14.8%, and some residents reported this as a barrier to employment opportunities. Some residents reported economising on food to accommodate the increase in rent.

**Using other sources of evidence on housing and health**

The strongest research evidence of health gains generated by housing investment is most likely to come from completed intervention studies. However in the absence of this, it is necessary to consider other data sources. The following sections provide a selective review of observational and qualitative literature that has linked poor housing conditions to health. Where available up to date systematic reviews or comprehensive expert reviews were used to inform this review.

**Observational evidence in housing**

There are many housing characteristics that have been strongly associated with poor health using observational data. A comprehensive, expert review of the associated risks and health hazards in domestic buildings identified hygrothermal conditions, radon, falls, house dust mites, environmental tobacco smoke, and fires as the highest health risks. The main housing factors associated with health variation and that are commonly part of or aspects associated with housing improvements are listed in box 1; these should be considered in an HIA of housing improvements.

### Table 1 Evidence from controlled and uncontrolled intervention studies of specific health impacts of housing

<table>
<thead>
<tr>
<th>Impact on outcomes measured</th>
<th>General health or wellbeing</th>
<th>Symptoms/illness and health service use</th>
<th>Respiratory</th>
<th>Mental health</th>
<th>Mortality</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehousing/refurbishment plus relocation from slum area or community regeneration</td>
<td>‡ Unclear impact on measures of general health +</td>
<td>‡ Unclear impact on symptoms or illness episodes</td>
<td>‡ Conflicting findings from four studies</td>
<td>‡ Improved improvements in mental health ↔</td>
<td>‡ Increased +</td>
<td>‡ Numbers of smokers reduced +</td>
</tr>
<tr>
<td>Medical priority rehousing (MPR)</td>
<td>‡ Improvement in objective measure and self-reported health +</td>
<td>‡ Unclear impact on health service use +</td>
<td>‡ Improvement in objective measure and self-reported mental health ↔</td>
<td>‡ Reduced community involvement, social support, sense of belonging and feeling of safety. Reduced fear of crime and sense of isolation +</td>
<td>‡ Increased rents led to reduced income to buy adequate diet +</td>
<td></td>
</tr>
<tr>
<td>Energy efficiency measures</td>
<td>‡ Improved objective measure of health +</td>
<td>‡ Unclear impact on general symptoms +</td>
<td>‡ Reduction in respiratory symptoms +</td>
<td>‡ No significant difference in emotion and mental health +</td>
<td>‡ Less school time lost due to asthma, but not other symptoms +</td>
<td></td>
</tr>
</tbody>
</table>

Direction of effect: ‡ improvements to health or reductions in illness, ‡ no clear effect on health or illness indicators; ↔ reductions in health or increases in illness. Strength of evidence: +++ strong association: evidence from prospective controlled studies with good levels of follow up; ++ moderate association: evidence from at least one prospective controlled studies; + weak association: evidence from uncontrolled studies.

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*Symptoms.* Four studies looked at changes in respiratory symptoms. Measures used included self reported symptoms and respiratory prescribing. Three of these studies were of rehousing and area regeneration; two of the studies reported increases in respiratory symptoms. One study found an increase in chronic respiratory conditions (+12%) among adults five years after the move while the other study found reductions (−11%) in bronchial and asthmatic symptoms one to four years after the move. The study of routine respiratory prescribing data found no significant changes, though the use of routine data that are not linked to individuals is not easy to interpret. In the fourth study, children’s respiratory symptoms improved and fewer days were lost from school because of asthma three months after installation of central heating.

**Other effects of housing improvements**

### Social context

Four studies measured changes in a range of social outcomes and each found improvements after the housing improvement. Residents reported a reduced sense of isolation, reduced fear of crime, increased sense of belonging and feelings of safety, increased involvement in community affairs, greater recognition of neighbours, and improved view of the area as a place to live. These are important changes and may effect residents satisfaction with their house, however, it is not known if improvements in such measures translate into health improvements.

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Indoor air quality
In a recent expert review of the health effects of exposure to airborne particles in the home, the findings of observational, human, epidemiological, and toxicological animal studies were reviewed. The most common airborne particles arise from environmental tobacco smoke, cooking, certain heating appliances, and human activity. The level of indoor particles is strongly correlated with outdoor levels and raises personal exposure substantially. Short-term increases in ambient particles are strongly associated with increased mortality and morbidity; acute cardiopulmonary impairment being the predominant impact and vulnerable groups such as the elderly people and people with asthma being most at risk.

Dampness and hygrothermal conditions
No recent systematic reviews of associations between dampness, mould, and health have been identified. In a review of studies of the associations between damp and mould and respiratory health the authors concluded that if the home was damp or mouldy the increased risk of respiratory symptoms was small, and recommended that new build housing is designed to prevent the proliferation of indoor allergens.

Allergens
The most important allergen in house dust comes from the house dust mite. A systematic review of the effectiveness of house dust mite control measures in the management of asthma has been carried out. Measures used included vacuuming and acaricidal chemical measures. The authors concluded that current chemical and physical measures to reduce exposure to house dust mite allergens seem to be ineffective in the management of asthma. This is partly because asthma sufferers are often sensitive to other allergens as well as house dust mite.

Temperature and warmth
There is considerable seasonal variation in mortality in the UK that is strongly related to reductions in outdoor temperature. Recent analyses suggest that the seasonal variations are related to indoor rather than outdoor temperature, and that this annual variation could be reduced by helping residents protect themselves from cold weather conditions.

Housing tenure
Home ownership has been independently associated with improved health. It is thought that home ownership may generate a degree of security and control, though the direction of the relation needs further investigation. However, home ownership is not always health promoting. Netleton and Burrows’ study of the health impacts of mortgage arrears suggested that those living on the margins of home ownership suffer increased insecurity and detrimental mental health impacts. In addition, cultural variations in rates and meaning of home ownership may give rise to international variation.

Housing design
Flat dwelling has been linked to factors associated with stressful living conditions such as increased social isolation, crime, reduced privacy, and opportunities for safe play for children. However, there are many factors related to flat dwelling that may confound findings of surveys and there are no conclusive data that height of home from ground level is associated with reduced health or satisfaction with housing. A recent review of epidemiological surveys showed a consistent pattern of decreased levels of mental health associated with housing height and multiunit dwelling. It is unclear how these studies were selected for review and the authors point out that they are unable to draw conclusions of a causal link because of the poor quality of research in this area.

OTHER CONSIDERATIONS IN HOUSING IMPROVEMENT PROGRAMMES
In addition to factors associated with housing fabric and housing conditions there are some other associated factors that may be of relevance to a housing improvement programme.

Moving and relocation
Moving house is considered to be a stressful, health damaging life event. In the field of social housing this has been attributed to lack of opportunity to negotiate with the housing authority regarding control around the move. Housing relocation has also been associated with loss of community, uprooting of social networks, unsatisfied social aspiration that may counteract satisfaction with improved housing. The meaning and context of housing varies between people and it may not be possible to detect tangible or consistent health effects of moving and relocation.

Residents’ satisfaction with their neighbourhood and dwellings has also been used as an indicator of quality of life and as an ad hoc measure of the success of housing investment. However, prioritising improvements in factors associated with high dissatisfaction may not maximise the incremental well being of residents; residents who are dissatisfied with the local neighbourhood may prioritise housing improvements before neighbourhood improvements. Consultation with residents included in proposed housing improvements is important.

Displacement
Some area and housing regeneration projects can lead to displacement of original residents. This may result in misleading shifts in routine social and health statistics that will not be identified unless a more detailed analysis of individual data is performed. It is therefore necessary to identify reasons and potential for displacement in advance.

Area effects
The socioeconomic characteristics of a neighbourhood may have an effect on a person’s health status. Work ongoing in five large cities in the USA is looking at the health effects of relocation from areas of deprivation to improved housing in middle income areas. After 13 years employment opportunities, education, and social integration were improved. The suburban movers attributed increased employment to increased job vacancies, increased neighbourhood security, and less local gang activity. The most recent report from a similar project demonstrated that households in the intervention groups experienced improved health among household heads, and children in the experimental group were less likely than the control group children to experience an asthma attack.  

Box 1 Main housing factors that have been associated with health variation and targeted as part of common housing improvements

- Indoor air quality
  - House dust mite and allergens
  - Dampness and hygrothermal conditions
- Temperature and warmth
- Home ownership
- House type and design, for example, flat or house

Other issues associated with housing improvement
- Moving and relocation
- Displacement
- Area effects
- Housing costs
**Box 2 Evidence for health impacts after housing improvement derived from a systematic review of intervention studies**

- Mental health likely to show some improvements.
- Possible small improvements in general physical health and wellbeing—though three studies of rehousing and regeneration showed adverse effects.

**Box 3 Questions to ask in a housing HIA, informed by evidence from intervention studies, observational, and qualitative data reviewed**

- What are the specific housing changes/improvements that are proposed?
- Are there other housing changes not detailed in the proposals that may occur?
- What is the evidence that these changes will affect health and any specific symptoms?
- Are there vulnerable groups (for example, elderly, asthmatic people) who may benefit particularly from the proposed changes?
- When can health gains be realistically expected?
- Will the improvement be too marginal to detect?
- Are there going to be any changes in housing costs?
- Is there any other change that may affect living costs—transport, food, access to amenities?
- Was there sufficient consultation about the housing improvements?
- What is residents' baseline satisfaction level with their housing?
- What levels of displacement can be predicted over the period of improvement?
- What explanations might there be for displacement?
identified impacts actually took place would contribute to the evaluation of housing improvements. Prospective validation of HIA predictions is now a priority. Well conducted validations will, hopefully, be carried out and be able, in future, to inform the development of an evidence base for housing HIA and the development of healthy housing policy.

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