

Do housing conditions make a difference to our health?

A study of home ownership and renting in Australia

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What are the health consequences of owning versus renting your home in Australia? This study examines the evidence of both home ownership/renting and overcrowding that can be drawn from the most recent National Health Survey. The author, Anne-Marie Waters at the National Centre for Social and Economic Modelling, (AHURI ANU Research Centre), also looks at overseas research where it can be usefully related to the local experience. For policy makers, this report confirms the health divide between owning and renting. It also examines inferences about renting and health, pointing the way to future research and planning in this area.

KEY POINTS

- When asked, people in rental accommodation were found to be more likely than homeowners to report fair or poor health and visit the doctor more often.
- Householders who rent also reported, on average, a significantly higher number of serious health conditions than homeowners.
- Both renters and purchasers (still paying off their mortgage) were more likely than outright owners to be smokers.
- It is still not clear whether renting (particularly public or government assisted housing) has an adverse effect on health or whether renting attracts people who tend to be less healthy than home owners. A clear answer to this question would have obvious implications for policy makers.
- There is a need to learn more about the causes and effects on health for people living in rented accommodation. This could help policy makers decide if the style, security or type of accommodation should be changed and whether more preventative medicine and lifestyle education should be directed at renters.

CONTEXT

The background to this research report lies in the debate surrounding the relationship between rental housing and health in Australia. The aim of the report was to separate assumption from fact in two areas – the effects on health of overcrowding and the health gap between homeowners and those in rental accommodation.

Extremes in the quality and type of accommodation could obviously and quite directly affect the health of the occupiers. But what about the more subtle relationship between homeowners, home purchasers (people still paying off their mortgage) and home renters – both in the private and public or government assisted category?

The report uses recently reported data to clearly establish health differences between these three categories.

This report also considers how the chicken-and-egg question of health and public renting could be resolved – does public renting affect the health of the tenants, or do the tenants of public housing tend to be less healthy than other groups?

FINDINGS

This study investigates the extent to which housing tenure (renting, owning or purchasing) and overcrowding in the home contributed to inequalities in health in Australia. International studies suggest that homeowners are healthier than renters and that overcrowding is generally associated with poorer health, but there have been no previous studies using Australian data in these two areas.

The study is based on information from the National Health Survey (NHS) carried out in 1995 by the Australia Bureau of Statistics. Survey questionnaires and interviews with householders asked them about their health and visits to the doctor.

The study sets out to question assumptions that home owner households basically enjoy better health and longer life expectancy than purchasers or renters and that overcrowding leads to greater health risks, including infectious disease and poor mental health.

This project is therefore important as it makes a first step in addressing the current knowledge gap by examining the links between housing and health while holding income and other explanatory characteristics constant.

HOUSING

In comparison to homeowners, householders who rent were significantly more likely to report fair or poor health status, to visit the doctor and to smoke. Renters also reported a higher average number of serious health conditions than owners. These relationships were independent of age, sex, income and other variables.

The results for renters are consistent with those of several international studies. Analysis of the British Health and Lifestyle Survey indicated that home owners had better health than tenants, irrespective of social class. Consultation rates in general practice have also been shown to be related to tenure, with lower rates among home owners after controlling for a wide range of socio-demographic characteristics and health status.

Another study in 1998 found that, after controlling for age, sex, income and self-esteem, home ownership predicted better recent mental health, better respiratory function, smaller waist/hip ratio, fewer long-standing illness conditions, fewer symptoms in the previous month, and lower blood pressure. Homeowners have also previously been found to have a lower prevalence of neurotic disorder than renters, even after adjustment for other variables.

Finally, an Australian study of people 65 and older in Melbourne in 1998 found that, after adjusting for age and sex, homeowners were more than twice as likely as non-homeowners to be non-smokers.

While the results of this AHURI study indicate that there is an association between housing tenure and health, the study has not been able to address questions of the causes of the illnesses reported or the underlying reasons for the link between housing and health.

That is, it has not been able to examine whether renting gives rise to poorer self-assessed health status, greater likelihood of doctor consultations and higher prevalence of smoking, or whether health selection effects mean that sicker people are more likely to be renters than owners. There may be other confounding factors, such as self-esteem and poor housing conditions, that might explain the relationship but were not included in the analysis.

The key results and research outcomes of the AHURI study were that:

- Housing tenure was found to be independently associated with self-assessed health status. This association included the number of serious health conditions reported, health service use and smoking. In particular, after adjustment for confounding variables and cluster sample design:
- Renters were significantly more likely than homeowners to report fair or poor health status;

“Renters were significantly more likely than homeowners to have visited a doctor in the last two weeks...”

- Renters reported a significantly higher average number of serious health conditions compared with owners;
- Renters were significantly more likely than homeowners to have visited a doctor in the last two weeks as well as in the last 12 months;
- Renters were significantly more likely than owners to be smokers;
- Purchasers were also significantly more likely than home owners to be smokers.

OVERCROWDING

The definition of overcrowding for this study was based on a Canadian index setting out the bedroom requirements for parents, single adults, children under five, and same sex children sharing a bedroom over the age of five.

Overcrowding was found to be independently associated with a number of health conditions reported and health service use. In particular, after adjustment for confounding variables and cluster sample design:

- People living in overcrowded households reported a significantly lower average number of health conditions compared with individuals living in non-overcrowded households; and
- People living in overcrowded households were significantly less likely than those in non-overcrowded households to have visited a doctor in the last two weeks.

These results were contrary to those expected, given the hypothesis being tested – that overcrowding is associated with poor health.

The relationship between health and overcrowding is complicated by factors such as time actually spent in the home, cultural differences and the condition of the housing.

Currently, few studies have shown an independent effect of crowding on physical health because the links are confounded by generally poor living conditions. Given that data related to living conditions were not collected as part of the 1995 NHS, it was not possible to control for such factors in the analysis.

POLICY IMPLICATIONS

RENTING VERSUS OWNING

- While the research makes clear that renters have poorer health than owner occupiers, there is a need to answer the question: are people who rent more likely to have poorer health, or does renting negatively affect their health?
- If renting does negatively affect health, then we need to understand why. Is it because of poorer housing and environment or other factors such as stress, self-esteem, lifestyle or cultural differences?
- It would be helpful to know the difference in health between people living in public versus private rental accommodation. In other words, future surveys should include questions about landlords.
- It would also be helpful to know if home-ownership confers a positive health benefit upon householders. Are householders “buying” better health when they pay off their mortgage?
- Future surveys should assess if the type of rental accommodation has a bearing on health, i.e. houses, flats, caravans, etc.
- Similarly, policy makers need to know if the environment of the rental accommodation has a bearing on health. Does overseas research indicate whether a mix of public and private accommodation has a better effect on the health of renters than public renting in “segregated” housing commission estates and high-rises? Public rental accommodation could be ‘desegregated’ and so that public renters live side by side with home owners.

Other questions that require answers include:

- Are there specific health conditions more likely to be reported by renters? Do these health conditions relate to their physical and social environment?
- Is the health gap between renters and owners established in this study of the NHS supported by statistics relating to the use of allied health services and other medications?

- Do renters present more or different prescriptions to pharmacies?
- Is the health of public renters affected by a loss of self-esteem caused by living in accommodation that is clearly government assisted?
- If renters are more likely to smoke, can we assume they are less likely to eat a balanced diet and exercise regularly? Would better health education/ information and access to exercise and sports facilities (to suit all ages) improve their health?
- Although renters report more serious illnesses, the health gap is also based on more visits to the doctor. Are there other reasons for this? For example bulk billing practices, renewing of prescriptions, having more children than homeowners or a greater need for general health and medical information.
- Compared to home owners, are renters also linked to more stressful life events such as higher levels of unemployment, the pressure of being a sole parent and social problems associated with their life circumstances?

With results from more detailed research, it would be possible, for example, to consider making more preventative health services available to public renters, or to provide financial assistance to encourage public renters to become home purchasers, or to encourage public renters to buy the homes they currently rent.

OVERCROWDING

- There is a need to establish a meaningful definition of overcrowding in Australia. This survey was

based on the objective criteria of the number of bedrooms. Perhaps there is a need for a subjective criteria based on householders feeling a lack of privacy and suffering in some way from shared facilities.

- There is a need to tap into suitable data collections and set questions for further surveys to gain more information on what constitutes overcrowding and what effects it has on householders.
- To what degree do we have 'extreme' overcrowding in Australia? And is this 'extreme' overcrowding associated with causing poorer health?
- The overcrowding results do suggest the need for further research into the effects of overcrowding on health that account for factors such as housing conditions, time spent in the home and cultural differences.

FURTHER INFORMATION

For more information about this project, the following documents are available:

- Positioning Paper
- Work in Progress Report
- Final Report

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