

# Building Foundations for Health and Housing – why it matters.

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**“The connection between health and the dwelling of the population is one of the most important that exists”.**

***Florence Nightingale***

Cited in Lowry, S. *BMJ*, 1991, 303, 838-840

# Public Health

- 1842- Chadwick established link between living conditions of the poor and ill health
- Most of health gains stemmed from public health measures:
  - Clean water
  - Sanitation
  - Improved accommodation
- If one went purely by the number of research papers published, one would put effort into pharmacological treatment and would ignore housing; emphasise case management and ignore poverty

# Social Determinants of Health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work.

These include...



Childhood experiences



Housing



Education



Social support



Family income



Employment



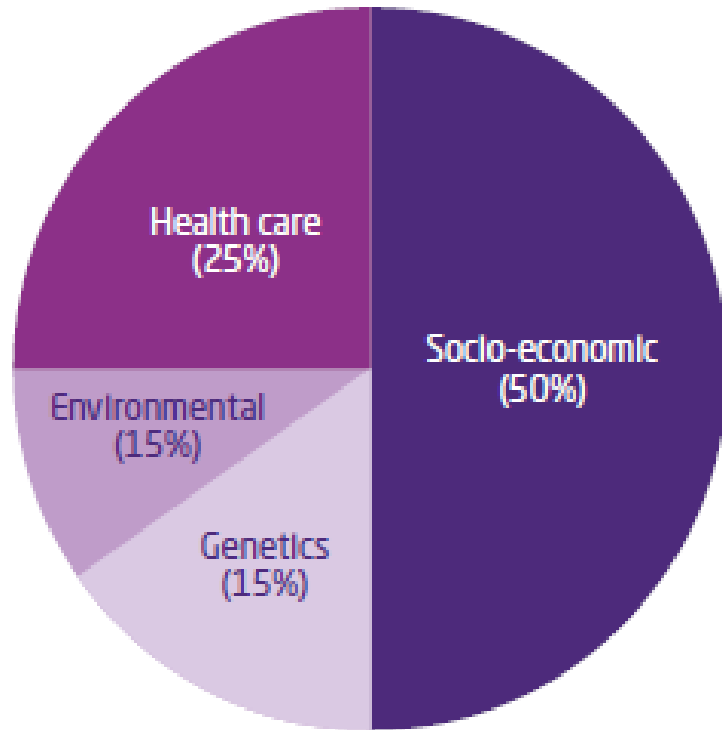
Our communities



Access to health services

Each of these factors impact on our health and wellbeing

## Canadian Institute of Advanced Research (2012)

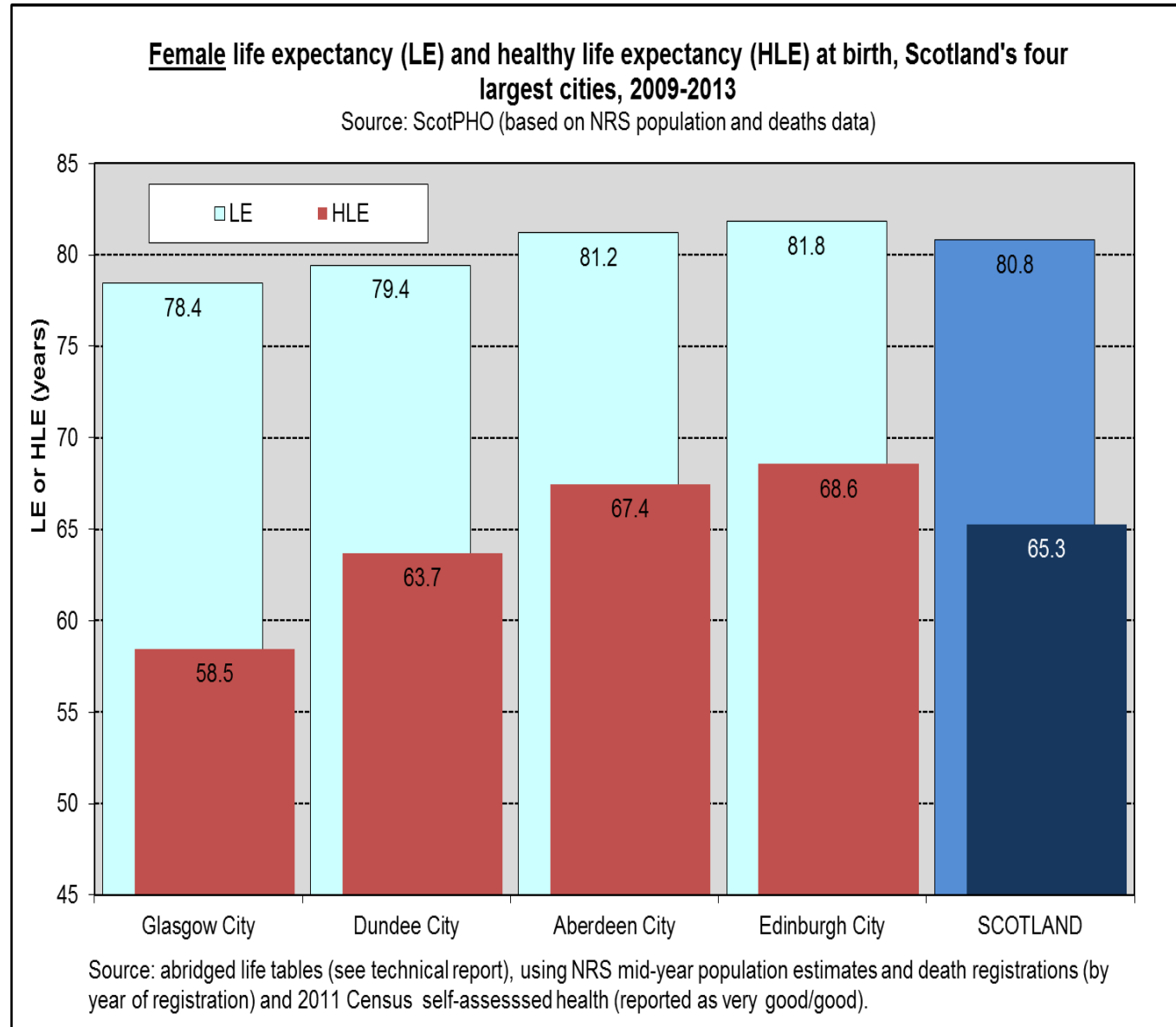


Our health is determined by our genetics, lifestyle and the health care we receive and our wider economic, physical and social environment. Although estimates vary the wider environment has the biggest impact

“Link between social conditions and health is not a footnote to the ‘real’ concerns with health – health care and unhealthy behaviours – it should become the main focus.”

Michael Marmot

# Healthy life expectancy



# Burden of disease: DALYs

YLL+YLD = DALY	Disease group	Gender		
		Both sexes	Males	Females
	Neoplasms	1	2	1
	Cardiovascular diseases	2	1	3
	Mental and substance use disorders	3	3	2
	Musculoskeletal disorders	4	4	5
	Neurological disorders	5	5	4

- Cancer and cardiovascular disease are the main causes of premature mortality
- Mental health needs and substance use disorders are the main causes of disability



# The Scottish Burden of Disease Study, 2016

## Deprivation report

- For most of the leading causes of disease burden in Scotland, the overall burden was greater in the most deprived areas compared with the least deprived areas, e.g. drug use disorders (17.0 times higher), alcohol dependence (8.4), chronic liver disease (7.2), chronic obstructive pulmonary disease (COPD) (6.2) and lung cancer (4.3)
- In the most deprived areas drug use disorders were the leading cause of disease burden in people aged 15–44

# Burden of disease

- There were more person-years lived in less than ideal health due to neck and lower back pain in 2015 than there were lost to early heart disease deaths, and more person-years lived in less than ideal health due to depression than lost to early lung cancer deaths
- A stark reminder that it is equally important to address the burden of living in less than ideal health

# Scotland's Public Health Priorities

A Scotland where we:

- live in vibrant, healthy and safe places and communities
- flourish in our early years
- have good mental wellbeing
- reduce the use of and harm from alcohol, tobacco and other drugs
- have a sustainable, inclusive economy with equality of outcomes for all
- eat well, have a healthy weight and are physically active



# Poor housing and health

- The dwelling itself – space, warmth, energy efficiency, hazards
- The experience of the household – affordability, overcrowding, security of tenure
- The place and community in which the dwelling is situated including access to amenities

# Housing and health

- Long established link between poor housing and poor health
- Direct links: –
  - Excess winter deaths
  - Cardiovascular disease
  - Respiratory disease
  - Poor mental health
  - Accidents e.g. trips/falls
- Indirect links: –
  - Crime/ASB
  - Educational attainment
  - Employment opportunities

# Housing and health

- Vulnerable populations at most risk
- Elderly
- Very young
- Chronic illness
- Damp housing:
  - Poor construction and materials, inadequate heat, lack of ventilation
  - Evidence of link is strongest in children
- Housing affordability is a key driver of poverty
- Ageing population with increasingly complex health and care needs
  - 75% of falls occur at home.

# Falls

- One in three people over 65yrs and one in two of those over 80yrs will suffer a fall each year with home the most common place for falls.
- Over 75% of deaths due to falls occur at home

***Falls reduction –housing providers can play a key role looking strategically and addressing tri-partite prevention strategy (muscle tone/ drugs/ AND environment)***

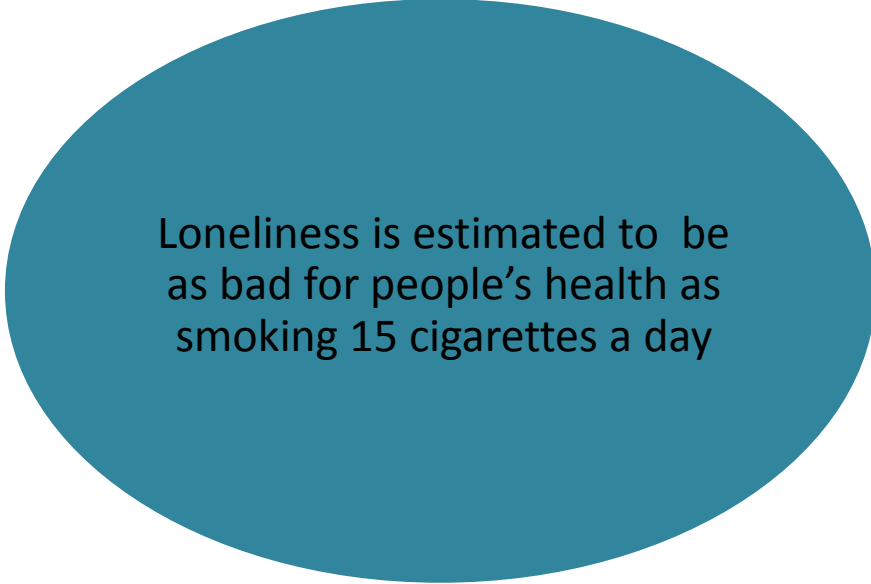
# The wider environment is also important (GCPH)

- The increased presence of fast food outlets is associated with higher levels of obesity and areas of socioeconomic disadvantage contain a higher concentration of fast food outlets
  - Features positively associated with higher physical activity levels:
    - More free, open access, public parks within walking distance
    - Higher density of public transport
    - Higher net residential density
    - Higher number of street intersections that are pedestrian accessible
- Mental health and well-being
- Age friendly cities



# Social Relationships and Mortality

2010 review of 148 studies with 308,849 participants, 50% increased likelihood of survival for participants with stronger social relationships – **social isolation is an independent variable for life expectancy**



Loneliness is estimated to be as bad for people's health as smoking 15 cigarettes a day

## The impact of housing on mental health – (Shelter 2017)

- GPs spontaneously identified housing issues when discussing factors involved in their patients' mental health presentations, esp anxiety and depression.
- There were also concerns about housing issues being the cause of mental health problems in children
- 1 in 5 English adults (21%) said a housing issue had negatively impacted upon their mental health in the last 5 years. Housing affordability was the most frequently referenced issue
- The research has found that not only is housing exacerbating mental health issues and it has actually helped create new mental health problems.

# GoWell (GCPH)

- Regeneration seems to have had little effect on general health; but improvements seen in mental wellbeing and walking (which increased everywhere)
- •The perceived reputation of places matters – and this merits more attention as part of local strategies
- •The lack of improvement in general health begs the question as to whether more might be achieved through greater alignment of health support with housing and regeneration processes

# Examples of Current Work

## Public Health:-

- Public Health Strategy (lead identified)
- Data linkage work in Glasgow
- Primary Care e-learning
- Housing First Glasgow Planning Group

## Health Improvement:-

- Physical activity – joint work with housing associations
- Parenting

## Local Forums:-

- Essential Connection Forums in Glasgow

# Scottish Public Health Network report on housing and health actions

- NHS Boards should include housing and homelessness issues in plans including community planning and identified public health specialist with remit for housing issues;
- Identified DPH champion for homelessness;
- Form a professional public health resource with housing and homelessness expertise

# Recommendations on public health and housing

- More effective interaction between local public health and housing teams
- Share intelligence – demography, health needs, vulnerable populations, housing trends
- Collaboration on health improvement
- Joint training
- Local networks

# Fair Society, Healthy Lives

Michael Marmot (2010)

“The central ambition ... is to create the conditions for people to take control over their own lives. If the conditions in which people are born, grow, live, work, and age are favourable, and more equitably distributed, then they will have more control over their lives in ways that will influence their own health and health behaviours, and those of their families.”