

HOUSING

How this domain relates to active ageing

Housing is an important predictor of security – one of three core pillars of the World Health Organizations Policy Framework for Active Ageing – and safe, adequate housing is essential to the well-being of older people (World Health Organisation, 2002a).

As the focal point of life and activity for the elderly, the home environment has been identified as a significant *place of aging*. This is particularly true for very old people, most of whom spend the majority (80%) of their time in their homes (MM Baltes, Maas, Wilms, Borchelt, & Little, 1999; M. Baltes, Wahl, & Schmid-Furstoss, 1990).

Aging in place

Aging in place is used extensively among policy makers and health and social service providers to describe individuals that remain living in their current home environments (for as long as possible) rather than relocate (Ponzetti, 2003). Research indicates that the majority (93%) of older people in the United States are aging in place in their communities (U.S. Census 2006 figures), that most (90%) prefer to do so (AARP, 2006) (Callahan, 1992; Tilson, 1990), and that abandoning these environments (relocating) may be detrimental to their health (Andrews & Phillips, 2005).

In the research literature, aging in place is understood as a complex set of processes mediated by individual, institutional and other social forces (Cutchin, 2003). Several factors have been identified that influence the experience of aging in place – the individual and their changing health, income, marital status, the aging of the environment including the residence and the proximal neighborhood, the changing 'fit' of the individual to their environment, and the public policy environment (Pynoos, 1990). Despite its appeal to both older people and policy makers, some scholars have warned against romanticizing or simplifying aging in place. Katz (2005) reminds us that homes can be isolating places for older people who live alone (p.204) and Twigg (2000) research on home residents and visiting home-care workers highlights cases of theft and elder abuse for some people aging in place. In their research on community and later life Gilleard and Higgs (2005) observed that some older people, particularly those most vulnerable (without sufficient independent or family resources and therefore financially dependent on government benefits), age in place simply because they have no other choice (p.128).

The relationship between housing and health

“As well as providing shelter from the elements, housing can provide refuge in a social and psychological sense - a home can confer safety and privacy” (Shaw, 2004, p.408). Physical environments can either facilitate or inhibit individual health status and community social cohesion (Government of Canada, 2006, p.18) and research indicates the home environment is a significant determinant of the health and well-being of older people. Positive housing conditions can provide a deeper sense of meaning in life, an enhanced sense of control, and positive self-esteem (Harrison (Harrison & Heywood, 2000; Windle, Burholt, & Edwards, 2006). Alternately, housing disadvantage has been linked to depression (R. Stewart, Prince, Harwood, Whitley & Mann, 2002, p.1091) and other mental and physical health problems (Weich et al., 2002). Some have argued “good quality housing is the foundation of community care programs” (Means, 1991)– a health services and delivery model many countries either currently embrace or are moving toward.

The relationship between health and housing is complex and includes both objective and perceived aspects of housing (Matte & Jacobs, 2000; Nygren et al., 2007). Findings from two survey studies on social inequality and housing in Canada (n=528; n=650) highlight several key housing factors that impact self reported and mental health status – the meaning people invest in their homes, their level of satisfaction with their homes, and the amount of control they were able to exercise in the social and economic aspects of their dwellings (Dunn, 2002; Dunn & Hayes, 2000). Summarizing the research on housing and public health, Shaw (2004) reports that housing affects health in a myriad of ways (physically, socially, and emotionally) and at various levels (individual household, neighborhood). Quality, design and location are three features of housing that have been found to play a key role in the quality of life of older people.

Housing Quality:

There is considerable evidence to suggest the physical conditions and quality of the home environment impact both physical and mental health (Evans, Wells, Chan, & Saltzman, 2000; Thompson, Petticrew, & Morrison, 2002). Homes with poor heating or cooling systems or inadequate ventilation can create cold, damp and moldy environments which have been associated with numerous adverse physical health conditions including respiratory disease, aches and pains, allergies, asthma, headaches and fever (Howden-Chapman, 2004; Matte & Jacobs, 2000). Older people are especially vulnerable to inadequate heating; in places with colder climates, cold was found to be a predictor of poorer overall health status among older people (Windle, Burholt & Edwards, 2006). In other research, peaks in mortality have been observed among the elderly during winter months and particularly in cold winters (Aylin et al., 2001). Homeowners maintain a certain level of personal control over their physical environment (e.g., availability of space and material features such as heating and air conditioning) that is not enjoyed by (Knapp, 2006).

Housing quality can also affect the mental health of older people. As Clark and others explain, our houses are symbols of ourselves; they are mirrors reflecting who we are, what we have accomplished, and what we stand for (Evans, Wells, & Moch, 2003). Most (80%) of older Americans own their homes (U.S. Census Bureau, 2008), something that can be a source of pride and promote self-esteem among older people. A home can, however, also represent a burden that is detrimental to health. The deterioration and maintenance responsibilities of dwellings can be very stressful to older people (particularly those financially and socially vulnerable). As McNiven (2004) reports, housing for this population can be a 'double-edged sword' – both the main source of wealth (equity) while simultaneously providing the most financial burden on an older person (p. 14).

Housing Design:

In any country where the housing stock includes stairs, narrow doorways, inaccessible toilets and bathrooms, or rooms too small or cold to be used, people whose mobility is diminished by illness, accident or old age will find themselves disabled by their homes" (Heywood, 2004, p.129).

The design of home environments can impact older people's sense of autonomy and plays a key role in their ability to live independently. The dependency that unsuitable housing forces on people with disabilities including older people negatively impacts their mental health by causing fear, anger, frustration and eventual depression (Heywood, 2004, p. 136). In this way suitable housing is seen to reflect independence and self-worth whereas inadequate housing can reflect helplessness. In a study that examined the relationship between housing, socioeconomic status and self-reported health, researchers conclude that features of the domestic environment, particularly those related to the exercise of control, are significant predictors of mental health (Dunn, 2002).

Research examining housing design and quality of life among older populations suggest accessible and barrier free housing promotes quality of life and independence. Findings from a large-scale research study on housing adaptations in England and Wales (Heywood, 2004) illustrate the benefits of well-designed housing on the health of residents. Researchers conclude that housing adaptations positively influenced both physical and mental health; that these benefits were long-term, and that they extended beyond the individual to also benefit the health of other family members (p. 129). These findings are supported by other research conducted with residents of a communal housing project for seniors in Japan (Migita, Yanagi, & Tomura, 2005). Findings from this study demonstrate limitations to the physical layout and architectural design of spaces directly impact the mental health of older people by shaping the sense of autonomy of residents. Housing design also impacts independence by playing a role in 'fear of falling'. The fear of falling is a concern for many older people and contributes negatively to mental health.

Housing Location:

The location of housing within a particular neighborhood plays a role in individual health status. As Shaw (2004) explains: "People do not just live in houses: They live in and experience neighborhoods" (p. 412). Aspects of neighborhoods that have been identified as having an impact on health are: boarded up buildings, trash accumulation, graffiti, and the presence or absence of local resources such as parks and recreational facilities (Dunn, 2002; Howden-Chapman, 2004; Knapp, 2006). Research examining the relationship between depression and measures of the built environment found the prevalence of depression was associated with particular housing features independent of individuals' socioeconomic status and internal characteristics of dwellings (Weich et al., 2002, p.428). This work highlights the importance of extending health promotion efforts beyond the amelioration of risk factors operating at the individual or household level to the contexts (neighborhoods) in which people live. Among older people housing location, including perceived safety and proximity to family, services and transportation is a significant determinant of social interaction and a key to quality of life (WHO, 2002; Migata, Yanagi & Tomura, 2004).

The housing for some older people is located within a NORC. NORC's (Naturally Occurring Retirement Communities) are communities that have naturally developed a high concentration of older residents because older people tend to either remain in, or move to these communities when they retire (Masotti, Fick, Johnson-Masotti, & MacLeod, 2006). NORC's are a growing area of interest for researchers, planners, policy-makers as well community organizations. Findings from NORC research suggest that living within a NORC can benefit the health of older residents by facilitating greater activity and promoting feelings of well-being (Masotti et al., 2006).

Neighborhoods are not static and consequently, the relationship between housing location and health for older people is a dynamic process. Places transform over time as significant sites disappear and neighborhood social compositions change. These changes, including the disappearance of local stores and important historical sites may render these places less familiar and/or appealing to those who have either chosen, or are compelled to age in place (Gilleard & Higgs, 2005).

Housing, Health and Poverty

Housing is about social relations and inequalities; housing, health and poverty are empirically related and conceptually intertwined (Shaw, 2004). Housing reflects a particular social position and the status and alternately stigma of owning versus renting and whether the renting is private versus public has been observed. Researchers speculate that the impact of housing on mental health is related to a person's feeling of self-esteem as their level of achievement vis-à-vis the outside world is reflected in the quality of their housing (Evans, Wells, Chan & Salzman, 2000). Dunn's (2002) research on housing, health and socioeconomic status supports the notion that housing, as a concrete manifestation of socioeconomic status, plays an important role in the social

production of health inequality (p. 671). In Spain researchers report “owning a house has more potential than income for reducing health inequalities” (Costa-Font, 2008, p.478). Analyzing survey data from 729 individuals over 55 in researchers found housing equity exerted a significant influence on both health and disability in old age (Costa-Font, 2008).

Poverty is also connected to housing and health through *housing cost burden*. The economic security of people aged 65 and older depend not only on their economic wealth but also on their ability to meet ongoing housing costs. High housing costs make it more difficult to purchase groceries and transportation and access healthcare and medicine (Knapp, 2006). High housing costs also may mean homeowners defer needed home repairs or are unable to pay property taxes and risk losing their home; renters may be evicted if they are unable to pay their rent. “Fuel poverty” (the inability to heat the indoor environment to healthy levels) is a consequence of low income and a particular problem among the elderly population (Howden-Chapman, 2004; Howden-Chapman, Signal, & Crane, 1999).

Many older people who own their homes are considered ‘asset-rich and income-poor’ (Howden-Chapman, Signal & Crane, 1999). These individuals own their homes and live mortgage-free, however, they are also on fixed incomes that can be insufficient to cover the remainder of their other housing (taxes, repairs) or living expenses.

Despite the overwhelming preference of older Americans to age in place, a recent National Survey finds that overall, one third (31%), or more than 10 million adults age 65 and older in the U.S. have housing cost *burden* (housing expenses exceed 30% of an individual’s income) and about one of six (15%) have *severe burden* (housing costs exceed 50% of income (AdvantAge Initiative, 2004a). Women and ethnic minority seniors have the highest levels of poverty and therefore are the most vulnerable to housing cost burden.

Housing from a NYC perspective and older New Yorkers specifically

In a recent book *Growing Older in World Cities* (Rodwin & Gusmano, 2006) Kenneth Knapp (2006) has written a comprehensive summary of the housing of older New Yorkers. For a thorough understanding of this situation, readers are encouraged to examine Knapp’s full text.

The following are some of the key highlights from this review:

Housing in New York is diverse: New Yorkers live in dwellings twenty stories above the street as well as in basements underground; they live in single unit structures and buildings comprised of 100 units or more; 65% of them are renters some of whom live in rent-stabilized apartments some in public housing and others in unregulated

residences. Of the home-owners, some live in traditional owner-occupied homes others in private cooperatives, condominiums or regulated units.

Tenure and regulation status:

- Homeownership in New York City is well below national averages (in the rest of the country homeowners outnumber renters almost two to one but the opposite is true in New York) however citywide, ownership is more common among older (49%) than younger residents (33%).
- There are housing tenure disparities between rich and poor neighborhoods in all 5 boroughs.
- Many low and middle-income renters in NYC receive direct or indirect rent subsidies and renters of all income levels have access to indirect rent subsidies through New York's rent-control and rent-stabilization laws.
- About 54% of older renters in New York City live in rent-regulated apartments, and 25% live in subsidized housing.

Housing conditions:

- According to most measures, homeowners fare better than renters.
- Stairs are a key structural issue affecting older New Yorkers. Sixteen percent of older New Yorkers live in walk ups, 41% of older residents live in one- or two-family homes and 43% in multi-units with elevators. Most buildings of all types have steps leading to the entrances.
- Nearly 100% of occupied dwellings have complete bathroom and kitchen facilities.
- Older residents have more space than do younger ones and homeowners have more space than renters.
- 3% of older New Yorkers occupy buildings that do not provide them with safe or adequate shelter. This is more common among renters than home-owners. 9% of older New Yorkers report boarded up buildings in their neighborhoods

Housing costs: 35% of household income for older renters, and (24%) for owners is applied to housing costs.

Other notes related to housing and older New Yorkers (from the Office of the New York City Public Advocate:

- Many seniors in New York experience housing insecurity - affordable housing is severely limited and there are long and often closed waiting lists
- Rates of homelessness for the elderly in New York is rising – the number of people 65 and older in the homeless shelter system in NYC rose by more than 30 percent and of homeless people who live on the streets, 20% are over 55 years of age

Objective for Action: To ensure all older New Yorkers have the opportunity to live in safe, clean, and affordable housing.

Housing is an essential strategy area for age-friendly cities: "Investment in housing can be more than an investment in bricks and mortar: It can also form the foundation for the future health and well-being of the population" (Shaw, 2004, p. 397).

References

- AARP. (2006). *The State of America 50+*. Washington, D.C.: AARP.
- AdvantAge Initiative. (2004). *Housing cost burden casts a shadow over older people's future*. Retrieved October 13, 2008, from http://www.vnsny.org/advantage/fact/AI_FS_Housing.pdf
- Andrews, G. J., & Phillips, D. R. (2005). *Ageing and place: Perspectives, policy, practice*. London: Routledge.
- Aylin, P., Morris, S., Wakefield, J., Grossinho, A., Jarup, L., & Elliott, P. (2001). Temperature, housing, deprivation and their relationship to excess winter mortality in Great Britain, 1986-1996. *International Journal of Epidemiology*, 30(5), 1100-1108.
- Baltes, M., Maas, I., Wilms, H., Borchelt, M., & Little, T. (1999). Everyday Competence in Old and Very Old Age: Theoretical Considerations and Empirical Findings. *The Berlin Aging Study: Aging from 70 to 100*.
- Baltes, M., Wahl, H. W., & Schmid-Furstoss, U. (1990). The Daily Life of Elderly Germans - Activity Patterns, Personal Control, and Functional Health. *Journals of Gerontology*, 45(4), P173-P179.
- Callahan, J. (1992). Ageing in place. *Generations*, 16, 5-6.
- Costa-Font, J. (2008). Housing assets and the socio-economic determinants of health and disability in old age. *Health & Place*, 14(3), 478-491.
- Cutchin, M. P. (2003). The process of mediated aging-in-place: a theoretically and empirically based model. *Social Science & Medicine*, 57(6), 1077-1090.
- Dunn, J. R. (2002). Housing and inequalities in health: a study of socioeconomic dimensions of housing and self reported health from a survey of Vancouver residents. *Journal of Epidemiology and Community Health*, 56(9), 671-681.
- Dunn, J. R., & Hayes, M. V. (2000). Social inequality, population health, and housing: a study of two Vancouver neighborhoods. *Social Science & Medicine*, 51(4), 563-587.
- Evans, G. W., Wells, N. M., Chan, H. Y. E., & Saltzman, H. (2000). Housing quality and mental health. *Journal of Consulting and Clinical Psychology*, 68(3), 526-530.
- Evans, G. W., Wells, N. M., & Moch, A. (2003). Housing and mental health: A review of the evidence and a methodological and conceptual critique. *Journal of Social Issues*, 59(3), 475-500.
- Gilleard, C., & Higgs, P. (2005). *Contexts of ageing: class, cohort and community*. Cambridge, UK: Polity Press.
- Government of Canada. (2006). *The Human Face of Mental Health and Mental Illness in Canada, 2006*: Ministry of Public Works and Government Services Canada.
- Harrison, L., & Heywood, F. (2000). *Health Begins at Home: Planning at the Health-housing Interface for Older People*. Bristol, UK: Policy Press.
- Heywood, F. (2004). The health outcomes of housing adaptations. *Disability & Society*, 19(2), 129-143.
- Howden-Chapman, P. (2004). Housing standards: a glossary of housing and health. *Journal of Epidemiology and Community Health*, 58(3), 162-168.
- Howden-Chapman, P., Signal, L., & Crane, J. (1999). Housing and Health in Older People: Ageing in Place. *Social Policy Journal of New Zealand*, 14-30.
- Katz, S. (2005). *Cultural aging: Life course, lifestyle, and senior worlds*. Orchard Park, NY: Broadview Press.
- Knapp, K. (2006). The housing of older New Yorkers. In V. Rodwin & M. Gusmano (Eds.), *Growing older in world cities: New York, London, Paris and Tokyo* (pp. 103-125). Nashville, TN: Vanderbilt University Press.
- Masotti, P., Fick, R., Johnson-Masotti, A., & MacLeod, S. (2006). Healthy Naturally Occurring Retirement Communities: A Low-Cost Approach to Facilitating Healthy Aging. *American Journal of Public Health*, 96(7), 1164.
- Matte, T. D., & Jacobs, D. E. (2000). Housing and health - Current issues and implications for research and programs. *Journal of Urban Health-Bulletin of the New York Academy of Medicine*, 77(1), 7-25.
- McNiven, J. (2004). *More than shelter - Housing policy kit for seniors in Atlantic Canada*. Retrieved October 13, 2008, from <http://www.canpension.ca/pages/pdf/engkit.pdf>

- Means, R. (1991). Community care, housing and older people: Continuity or change? *Housing Studies*, 6(4), 273-284.
- Migita, R., Yanagi, H., & Tomura, S. (2005). Factors affecting the mental health of residents in a communal-housing project for seniors in Japan. *Archives of Gerontology and Geriatrics*, 41(1), 1-14.
- Nygren, C., Oswald, F., Warsson, S., Fange, A., Sixsmith, J., Schilling, O., et al. (2007). Relationships between objective and perceived housing in very old age. *Gerontologist*, 47(1), 85-95.
- Ponzetti, J. (2003). Growing old in rural communities: A visual methodology for studying place attachment. *Journal of Rural Community Psychology*, E6.
- Pynoos, J. (1990). Public policy and aging-in-place: Identifying the problems and potential solutions. In D. Tilson (Ed.), *Aging-in-place: Supporting the frail elderly in residential environments*. Glenview, IL: Scott, Foresman and Company.
- Rodwin, V., & Gusmano, M. (2006). *Growing Older in World Cities: New York, London, Paris, and Tokyo*. Nashville, TN: Vanderbilt University Press.
- Shaw, M. (2004). Housing and public health. *Annual Review of Public Health*, 25, 397-418.
- Stewart, R., Prince, M., Harwood, R., Whitley, R., & Mann, A. (2002). Quality of accommodation and risk of depression in later life: An analysis of prospective data from the Gospel Oak Project. *International Journal of Geriatric Psychiatry*, 17(12), 1091-1098.
- Thompson, H., Petticrew, M., & Morrison, D. (2002). *Housing Improvement and Health Gain: A summary and systematic review*. Glasgow: Medical Research Council, Social & Public Health Sciences Unit.
- Tilson, D. (1990). *Aging in place: Supporting the frail elderly in residential environments*. Scott, Foresman.
- Twigg, J. (2000). *Bathing - The body and community care*. New York, NY: Routledge.
- U.S. Census Bureau. (2008). *Residential vacancies and homeownership*. Retrieved October, 2008, from <http://www.census.gov/hhes/www/housing/hvs/qtr208/files/q208press.pdf>
- Weich, S., Blanchard, M., Prince, M., Burton, E., Erens, B., & Sproston, K. (2002). Mental health and the built environment: cross-sectional survey of individual and contextual risk factors for depression. *British Journal of Psychiatry*, 180, 428-433.
- Windle, G. S., Burholt, V., & Edwards, R. T. (2006). Housing related difficulties, housing tenure and variations in health status: evidence from older people in Wales. *Health & Place*, 12(3), 267-278.
- World Health Organisation. (2002). *Active Ageing: A Policy Framework*. Retrieved September, 2008, from http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf