

# Improving Health through the Built Environment

Professor Michael Baker
He Kainga Oranga/Housing and Health Research
Programme
University of Otago, Wellington
michael.baker@otago.ac.nz

SAPERE - AUDE

Te Whare Wānanga o Otāgo

HEIRU

Health Environment Infection Research Unit University of Otago















He Kainga **Oranga/Housing** and Health Research **Programme** awarded NZ **Prime Minister's** Science Prize, 2014



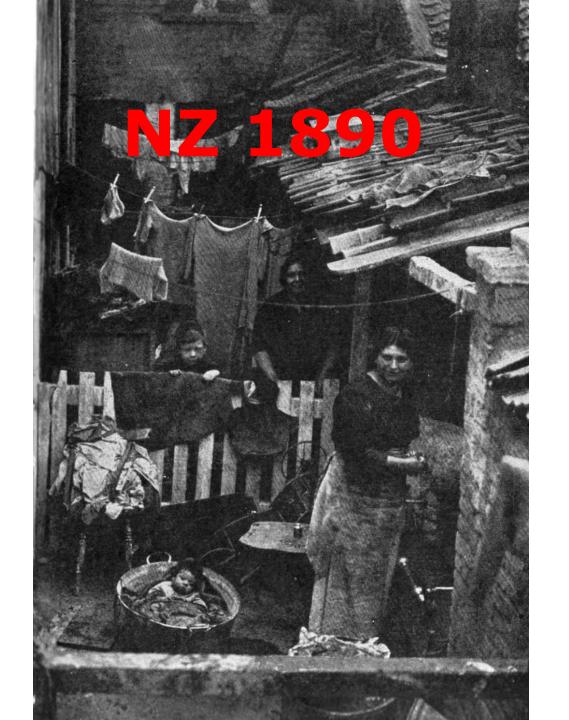
### **Background**

# He Kainga Oranga / Housing & Health Research Programme

- Department of Public Health, University of Otago Wellington
- Multidisciplinary team of social scientists, medical specialists, epidemiologists, statisticians, physicists, engineers, architects, mycologists
- Aims to produce innovative, robust, relevant research to improve housing and health in NZ
- Working in partnership with local communities, government and private organisations

#### **Outline**

- Background on scope of housing & the built environment
- Why housing is important to health:
  - 1. Vulnerable people spend a lot of time at home
  - 2. Poor housing causes illnesses & injuries
  - 3. Poor housing mediates health inequalities
  - 4. Better housing improves health & safety
  - 5. Better housing improves sustainability
- Implementing better quality housing WoF



# Unable to pay steep rent, family huddle in freezing tent

#### **ASHLEIGH STEWART**

BLANKETS and body heat.

That is how one Christchurch family, huddling together in a freezing tent as rain batters their makeshift home, have spent two months trying to keep warm.

The family of five have just weathered their third storm in a tent pitched at the Spencer Beach Holiday Park.

Taurua Houia, his wife and their three children are one of 270 priority A applicants on the Housing New Zealand waiting list.

They have been priority A for three weeks, despite being assessed in February.

"We had a private rental in Hills Rd, but it was too expensive," Houia said.

"I've just been sitting up in the tent every night. I don't get much sleep."

Houia works fulltime as a roofer, but wife Sonia is unemployed and receives a benefit.

But they say this income still does not provide enough money for Christchurch's rents as well as being able to survive.

A large tarpaulin is draped across the outside of the tent for



**Tent trap:** Taurua Houia and his family live in tents at a holiday park because of a housing shortage.

s at a holiday park because of a housing shortage. Photo:FAIRFAX NZ

extra insulation as members of the family curl together under duvets during this week's rain. The mattresses account for about half of the floor in the small tent, the remainder is bare. There are no separate rooms, and no privacy.

"It's blankets and body heat to keep warm," Houia said.

They had returned to the spot on Monday after a brief, but unpleasant, stint outside the camping ground.

Forced to leave as it was booked out for Easter, the family moved their tent to Waikuku on Friday – where it was blown down. In an effort to save money, they then gave freedom camping a try.

After their tent flooded, they moved to a camping ground in Linwood, where they paid \$62 a night for a campsite.

But even after their ordeal and as the weather closed in, Houia was hesitant to complain. "We just take it. I'm all right, it's just the kids."

Family friend and Taurua's boss, Allan Rolfe, has been helping the family and advocating for them to the agencies.

He had offered to let the family stay with him at his home, but they were "fiercely independent" and had refused, Rolfe said.

"It's a horrendous situation. It's a desperate situation, they've got three children as well."

Ministry of Social Development general manager Marama Edwards said Sonia Houia – whose name the application was under – was first assessed in February, and has been on the waiting list since April 4.

"Housing New Zealand and registered community housing providers will continue to work with Ms Houia to find a suitable property," Edwards said.

### Definition of 'built environment'

- All human-made aspects of our world, from houses, buildings, schools & factories to roads, footpaths, parks and shops.
- Focus here on 'Healthy Housing'
- Principles can be applied to many indoor environments, incl. workplaces & schools
- Concerns for health & safety overlap with environmental sustainability and economic development





### Levels of the built environment

Level	Features		
Global, national, regional levels	Includes policy, socioeconomic, cultural and environmental influences beyond neighbourhood level		
Neighbourhood	Physical features such as air pollution, road safety, urban design, transportation, amenities		
Community	Social, cultural and economic aspects such as social capital, safety from crime, civic capacity		
House or other dwelling	Physical and environmental quality of building and its services such as insulation and safety		
Household	Social, cultural and economic aspects such as affordability, suitability, security of tenure		
Individuals	Demographic, psychological and biological features, including knowledge, attitudes, behaviour		

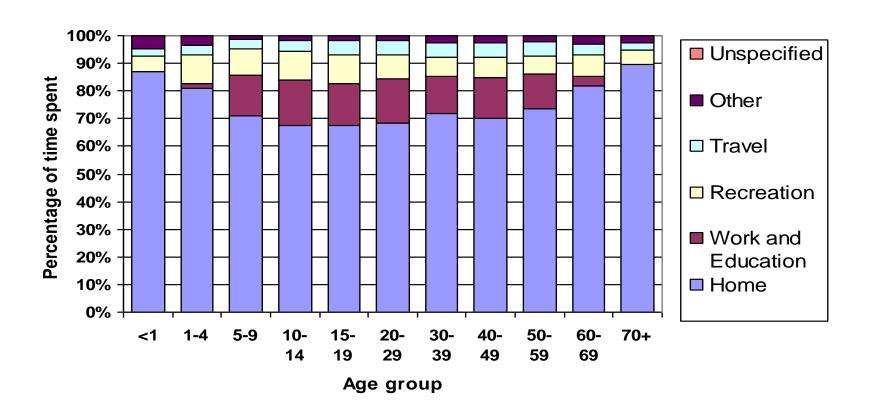
NZ Time Use Survey, Statistics NZ 1998-99 (8,500 people) NZ Travel Survey, 1997-98 (14,250 people)

Environment	NZTUS	<u>NZTrS</u>	
<ul><li>Home</li></ul>	72%	73%	
<ul><li>Work &amp; study</li></ul>	13%	12%	
<ul> <li>Transport</li> </ul>	6 %	5%	
<ul> <li>Recreation</li> </ul>	5%	8%	
<ul><li>Other*</li></ul>	5%	2%	
<ul> <li>Unknown</li> </ul>	0%	0%	

<sup>\*</sup>Included almost 4% of time spent at 'other peoples houses'

NB. 94% of time is spent indoors (including 70% indoors at home)

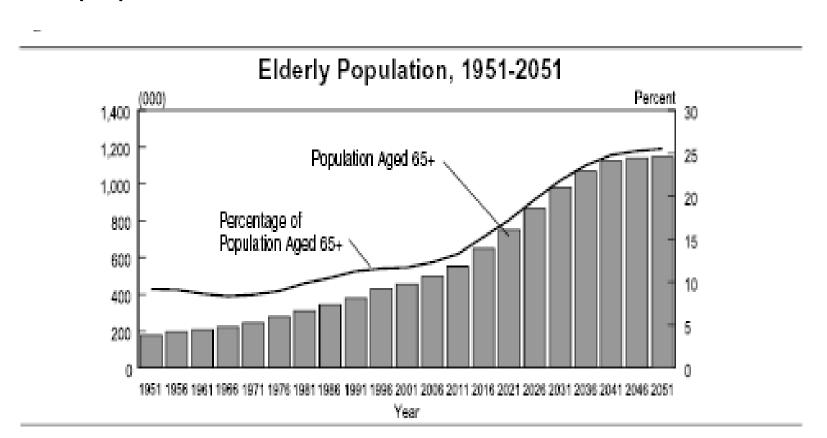
Source: Baker et al. N Z Med J 2007;120: U2769.



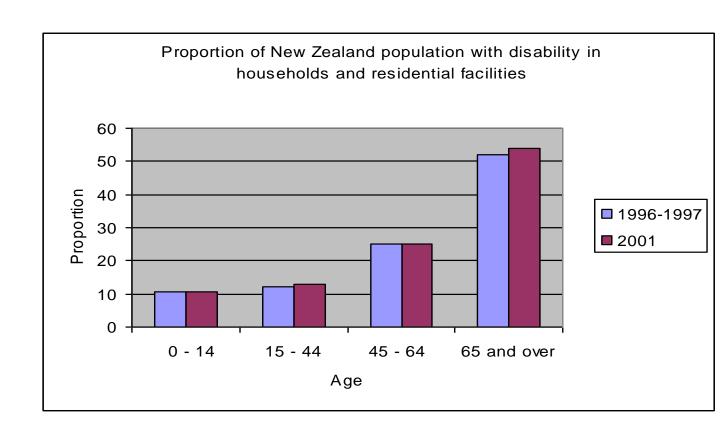
Source: NZ Travel Survey, 1997-98

- Steadily ageing population means increasing need for home support and residential care
- Larger population living with disabilities at home & participating actively in society
- Deinstitutionalisation of chronic illness e.g. mental illness, intellectual disability
- Early hospital discharges
- Ambulatory services e.g. Continuous ambulatory peritoneal dialysis (CAPD)

NZ population 65+ will reach ~25% in ~ 30 Years



Increasing proportion of population living with disabilities



#### Injuries in the home:

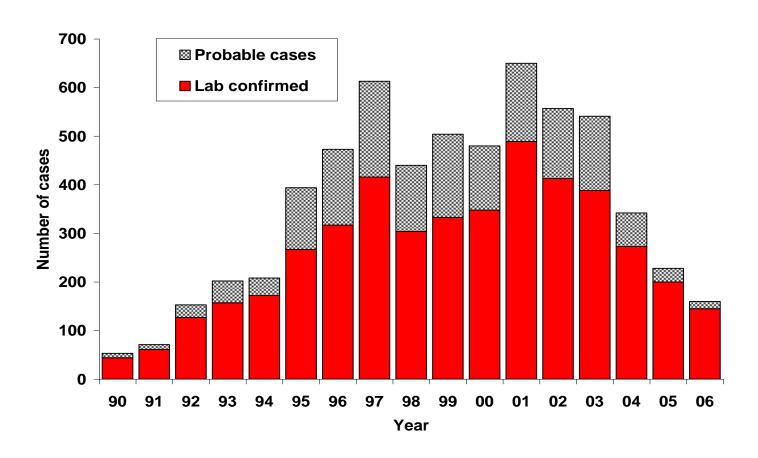
Half of injuries requiring hospitalisation occur at home

- Average 8,394 per year (2000-2003)
- Other settings: Work 17%, Transport 18%, Sport 14%

A significant proportion (19%) of deaths from injury occur at home

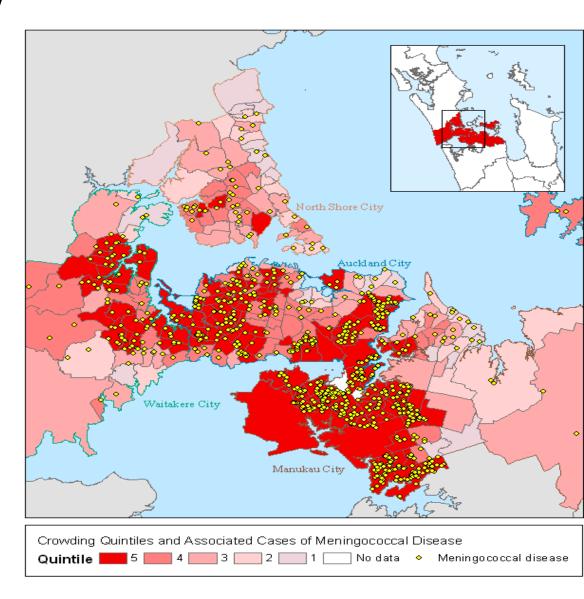
- Average 104 per year (2000-2001)
- Other settings: Work 7%, Transport 72%, Sport 1%

#### Meningococcal disease



Meningococcal disease cases in Auckland, 1998-2002, and CAU crowding level at 2001 Census

Source: Baker et al. In: What is the extent of crowding in NZ? Wellington, Statistics New Zealand, 2003



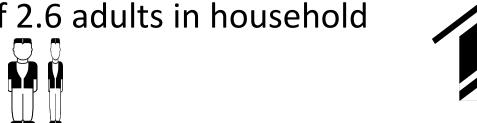
- Case-control study of meningococcal disease in Auckland children < 8 years during 1997-99</li>
- 202 cases and 313 controls
- Overcrowding, measured by the number of adults aged ≥10 years, was the most important risk factor for disease
- OR=10.7 (95%CI 3.9-29.4)



Source: Baker, et al. Paed Infect Dis J 2000; 19:

983-90

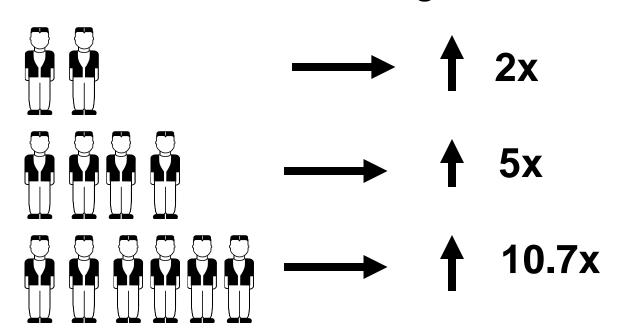
Average family living in 6 room house Median of 2.6 adults in household





Additional adults

Risk of meningococcal disease



# 2. Illness & injury in the home Meta-analysis of Meningococcal Disease risk and Household Crowding

		Odds Ratio	Odds Ratio	
Study or Subgroup	Weight	IV, Random, 95% CI	IV, Random, 95% CI	
Baker 2000	11.0%	10.70 [3.89, 29.41]		
Deutch 2004, 1-6yo	23.8%	1.50 [1.11, 2.02]	+	
Deutch 2004, less 1yo	24.3%	1.50 [1.14, 1.97]	+	
Kriz 2000	11.9%	1.13 [0.44, 2.89]	<del>-</del>	
Moodley 1999	13.5%	2.30 [1.00, 5.29]	-	
Robinson 2001, 16+yo	6.3%	1.37 [0.30, 6.23]	<del></del>	
Robinson 2001, less 16yo	9.2%	5.40 [1.68, 17.33]		
Total (95% CI)	100.0%	2.13 [1.38, 3.29]	•	
Heterogeneity: Tau <sup>2</sup> = 0.18; Chi <sup>2</sup> = 19.24, df = 6 (P = 0.004); I <sup>2</sup> = 69% Test for overall effect: $Z = 3.40$ (P = 0.0007)			0.02 0.1 1 10 5 Favours assoc	<del>-  </del> 50

Source: Baker, McDonald et al. 2013.

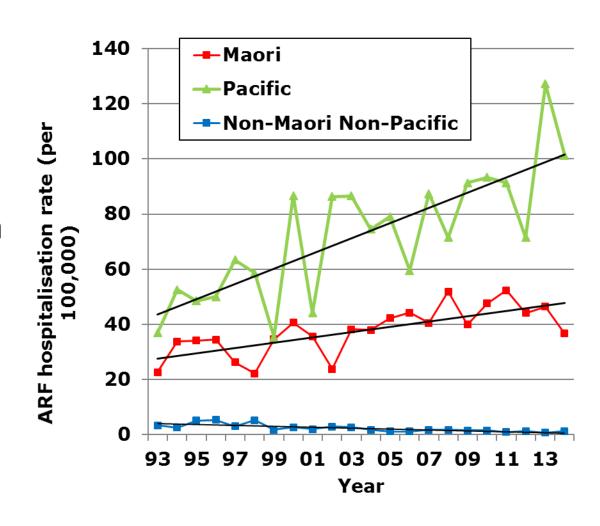
# 2. Illness & injury in the home Meta-analysis of IDs and Household Crowding

Disease/category	N	Case-control (cross- sectional studies*)	Cohort studies	
Respiratory infections:				
<ul> <li>Pneumonia</li> </ul>	7	OR 1.58, CI 1.19-2.10	RR 1.61, CI 1.12-2.31	
Other respiratory infection	8	OR 1.38, CI 0.71-2.67	RR 1.35, CI 1.02-1.79	
Haemophilus influenza	6	OR 1.74, CI 1.27-2.37		
Meningococcal disease	7	OR 2.13, CI 1.38-3.29		
<ul> <li>RSV / bronchiolitis</li> </ul>	4	2.24, CI 1.14-4.38		
• TB	7	OR 3.78, CI 1.78-8.13		
Enteric infections:				
<ul> <li>Gastroenteritis</li> </ul>	4	OR 1.13, CI 1.01-1.26		
Hepatitis A	6	OR 1.42, CI 1.15-1.75		
H. pylori	28	OR 1.82, CI 1.55-2.13		
Skin/eye infections:				
• Trachoma	2	OR 2.07, CI 1.06-4.06		
Total	79			

Source: Baker, McDonald et al. 2013.

# 2. Illness & injury in the home Rheumatic fever

- Acute Rheumatic Fever (ARF) → Rheumatic Heart Disease (RHD)
- 140 RHD deaths pa
- ARF rates rising in Māori and Pacific children (1993-2014)



Source: Baker et al. BMC Infect Dis 2017; Under Review

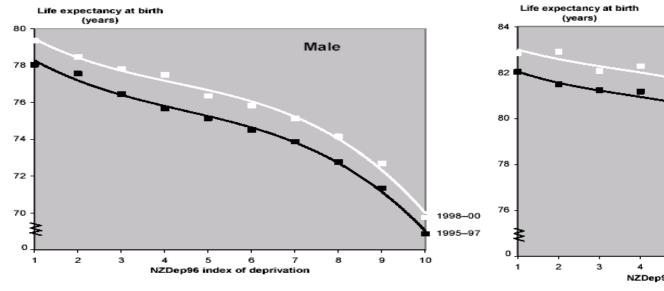
- Excess Winter Mortality (EWM) measures the increase in deaths in 4 coldest months (June-Sept)
- EWM in NZ =  $19 \% \rightarrow 1,600$  excess winter deaths
- No decline in EWM from 1980-2000
- Young, old, females particularly vulnerable Source: Davie, Baker, Hales, Carlin. BMC Public Health. 2007; 7: 263.
- Poor housing may contribute to EWM
- Nationwide surveys indicate few NZ homes maintain temperatures in the 18-21°C comfort zone

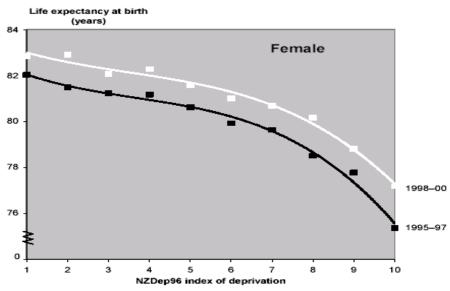
Source: Isaacs & Donn, 1993; BRANZ, 2003

- Where you live is a powerful predictor of health outcomes
  - Area based deprivation measures (e.g. NZDep) linked to mortality, life expectancy & many health outcomes
- Potential mediating pathways
  - Material deprivation
  - Relative disadvantage (psychosocial mechanism)
- Declining home ownership likely to increase socio-economic and health inequalities

# Life expectancy by NZDep, Males

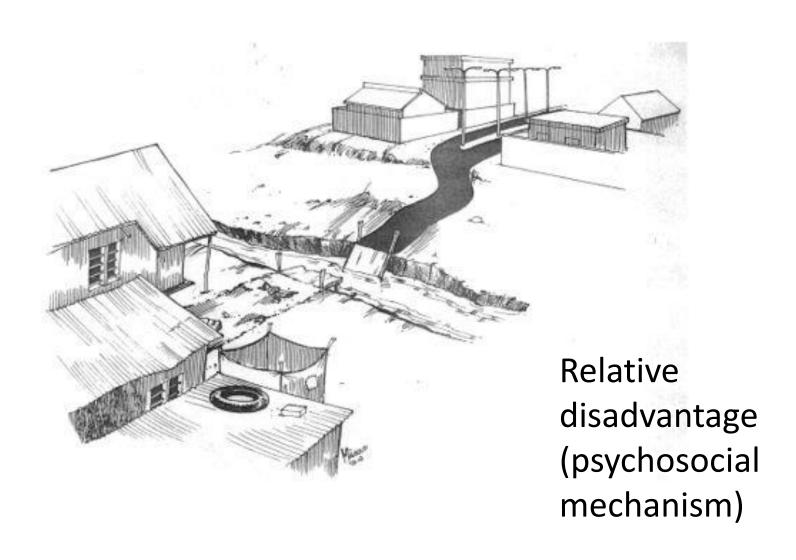
### Life expectancy by NZDep, Females



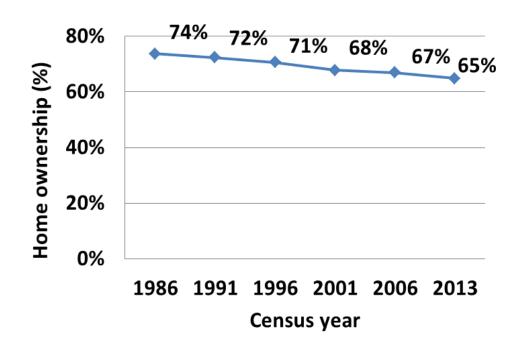


Cumulative material deprivation





# 3. Housing mediates inequalities

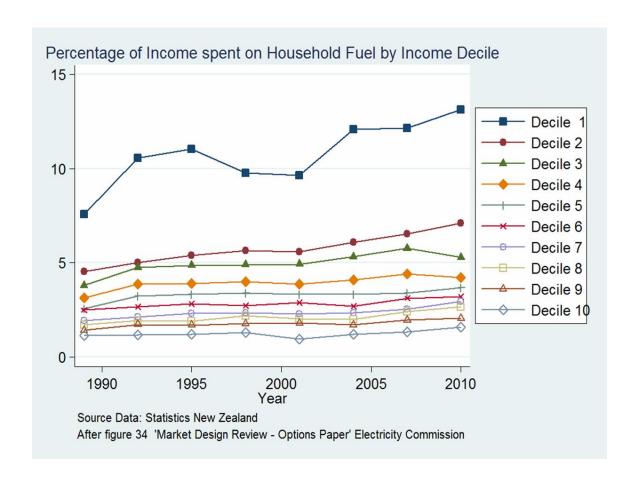


- Declining levels of home ownership
- BRANZ House Conditions Survey included rental housing for first time in 2010 (~33% of 491 houses across NZ)
- Rental houses were in worse condition than owner-occupied houses: 44% poor condition vs.
   25% of owner-occupied housing



- Severe housing deprivation considered more accurate, valid and useful measure than 'homeless'
- 2013 prevalence = 1.0% (40,658 people)
- 67.1% sharing severely crowded private houses, usually with family
- 51% < 25 years of age
- Associated with non-European ethnicity, new migrant, high residential mobility, unemployed, unskilled job, low level of education.

Source: Kate Amory. Report to Stats NZ, 2016.

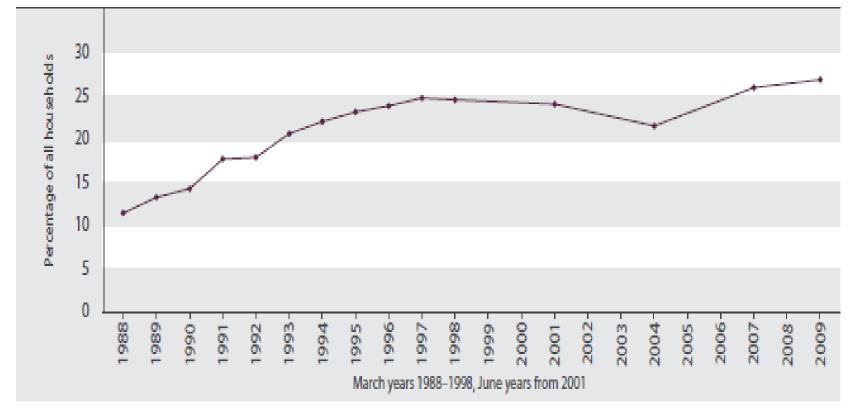


Increasing fuel poverty in NZ (≥10% of income on fuel)

Source: Howden-Chapman, et al. Energy Policy 2012; 49, 134-142

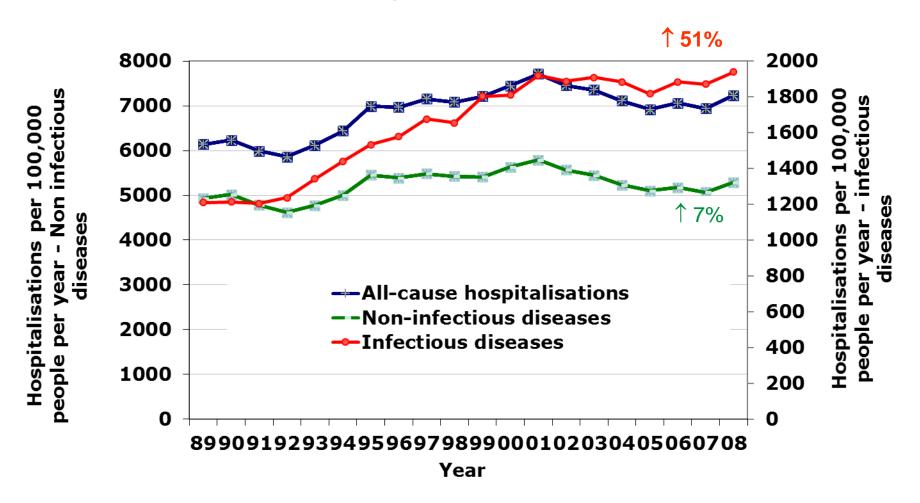
Housing affordability = proportion of households spending > 30% of income on housing costs

From 1988 to 1997 prop increased 11% to 25%



Source: Ministry of Social Development. The Social Report 2010.

Incidence of ID hospitalisations compared with Non-ID & All-cause, 1989-2008 (age stand. to 2006 Census)

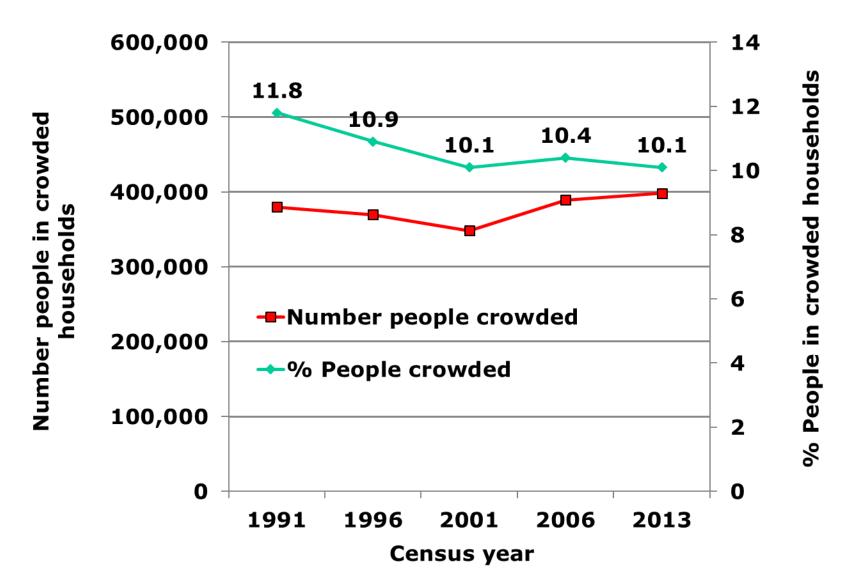


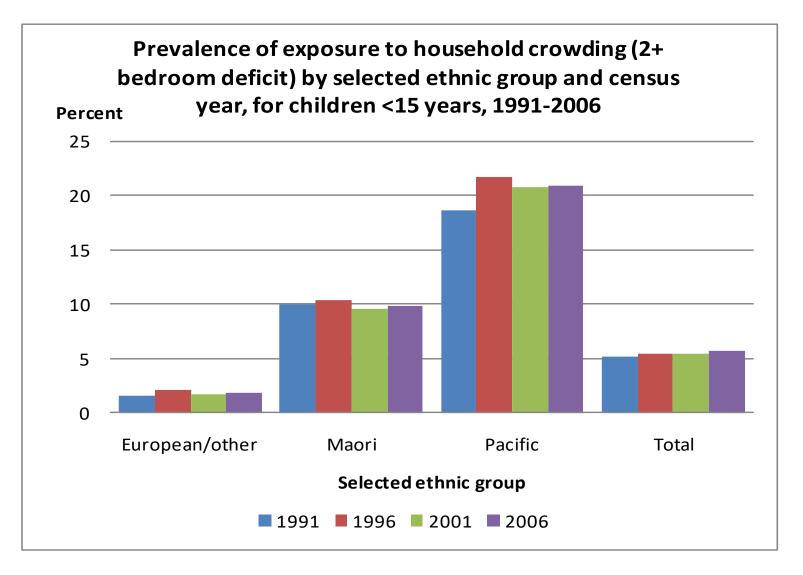
Source: Baker et al. Lancet 2012; 379, 1112-19

- Structural crowding = Insufficient living space (bedrooms / floor area) for the occupants of a dwelling to maintain health & wellbeing based on established norms for the size & composition of that household
- **Functional crowding** = Crowding caused or increased by how the house is used:
  - Bedroom sharing eg >2 people per bedroom
  - Sharing sleeping areas just to keep warm eg family sleeping on mattresses in living room
  - Bed sharing eg children sharing same bed with others



# 3. Housing mediates health inequalities Household crowding exposure, 1+ bedroom deficit





Source: Baker et al. Household crowding in NZ. 2012.

Dose-response (relative risk)

Eg 2.0

Exposure (proportion crowded)

Eg 10%

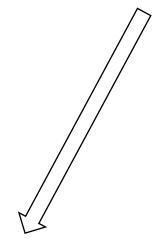
Disease incidence (hospitalisations)

Eg 100 cases



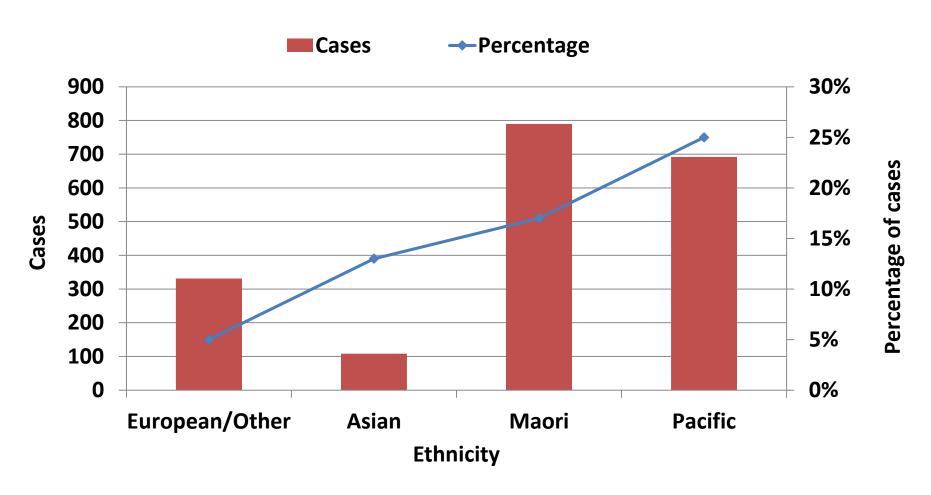


Eg 9.1%



Burden of disease

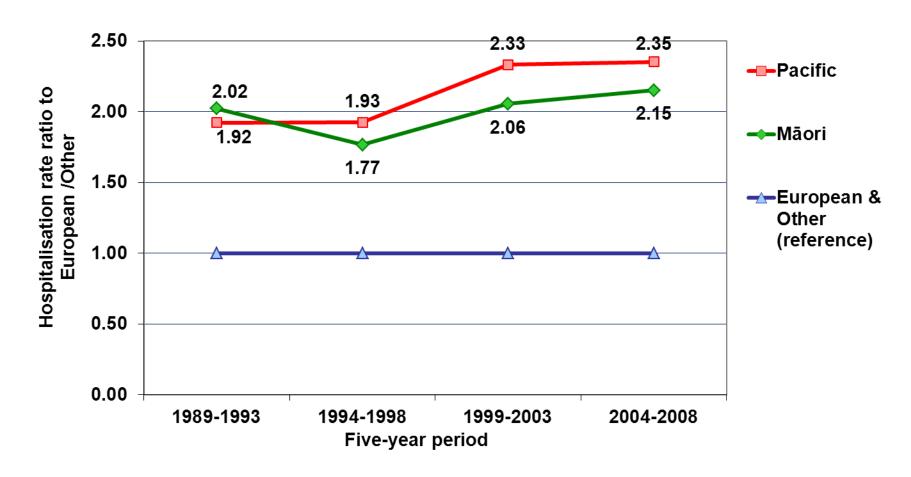
Eg 9 cases



Source: Baker, McDonald et al. 2013.

### 3. Housing mediates health inequalities

Ratio of Māori & Pacific ID hospitalisation rates to European/Other, 1989-2008



Source: Baker et al. Lancet 2012; 379, 1112 - 19

- Insulation eg Insulation Trial\*, Warm up NZ
- Heating eg Heating Trial\*, WHEZ Study\*
- Injury reduction eg HIPI Study\*
- Benefits of social housing eg SHOW Study
- Crowding reduction eg HHP
- Safe Housing Enabling Long-term Effective Recovery (SHELTER)

\*Community randomised trials

#### **Community randomised trials**



- Use rigorous controlled trial method with random assignment to intervention and control arms to reduce selection bias
- More likely to be taken seriously by policy-makers with results translated into policy
- Assess health and sustainability outcomes using subjective and objective measures
- Relatively expensive so usually need public/private partnership to fund interventions

#### **Community randomised trial (continued)**

- Provide benefits to participants if intervention is effective (intervention also provided to controls at end of trial)
- Provide benefits to local community partners eg through employment
- Examples
  - Housing, Insulation and Health Study
  - Housing, Heating and Health Study



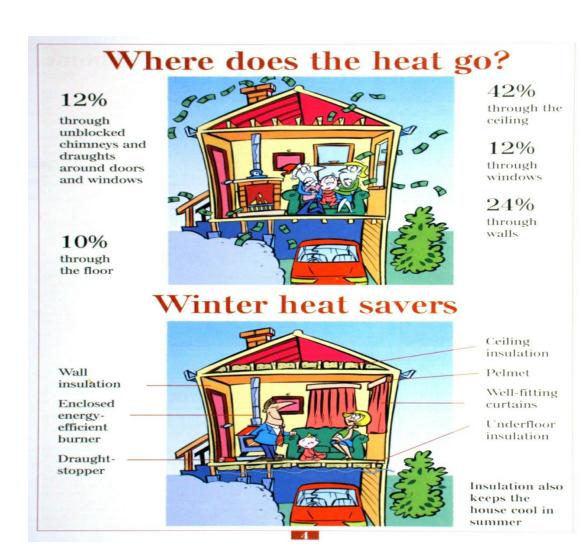
#### Housing, Insulation and Health Study Design

- 1400 households where one member had chronic respiratory symptoms
- Winter 2001 baseline measures taken
- Houses randomly assigned to intervention group insulated over summer
- Winter 2002 follow-up measures taken
- Houses assigned to control group insulated

Source: Howden-Chapman, et al., Soc Sci Med, 2005. 61: 2600-10.

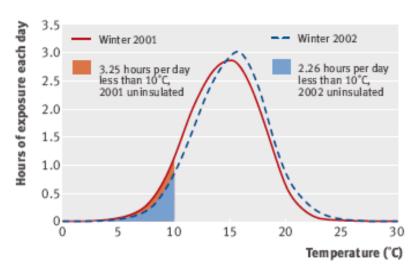
# Intervention included:

- Ceiling insulation
- Under-floor sealing
- Draft stopping



#### **Housing Insulation & Health Study Results**

- Occupants in insulated houses used 23% less energy
- Exposed to cold temperatures (< 10°C) for 0.75 hours less /day
- Exposed to high humidity (> 75%) for almost 1.5 hours less / day



# Housing Insulation & Health Study Results

- Significant improvement in selfreported housing conditions (less cold and dampness)
- Significantly fewer days off school and work
- Significantly fewer symptoms of wheeze and colds
- Fewer hospital admissions
- Positive benefit to cost ratio of 2:1

Source: Howden-Chapman, et al., BMJ 2007; 334: 460-4



a million
Kiwis
snug as
a bug in
a rug

What about you?

Thanks to everyone who holped us reach our target of insutating 188,500 New Zealand homes throughthe Government's Warn Up New Zealand-Heart Smart Insulation programme.

The programs has been extended and grants are all available. Visit seems energy-lea-goving for a list of providers in your area.

It sook just a little most three years, and it was a melt team either by the interibles inclusing appointing bartis and councils who made it assist for people to afford insalation, and third party funders who gave over \$80m, Most of all it's hell done to the Nathorneoverse who made the decision. In Irwal in a swamper, healther, more contrictable hores.







#### Housing, Heating and Health Study

- Experimental intervention study
- Replacing old heaters in the homes of 450 children 7-12 years old with asthma
- New heaters more efficient & use sustainable energy



# Housing, Heating and Health Study Previous:

- X electric heaters (2kW)
- X unflued gas heaters (4kW)

#### Replaced with:

- √ 320 heat pumps (4-7kW)
- √ 55 wood pellet burners (10kW)
- √ 11 flued gas heaters











#### Housing, Heating and Health Study Results

- Less poor health (aOR 0.44)\*
- Children less coughing at night & on waking (aOR 0.50)\*
- Less wheezing (aOR 0.52)\*
- Less asthma reliever in morning (aOR 0.53) \*
- Children had fewer episodes of cold & flu (aOR 0.76)\*
- Children had 1.8 days less off school \*
- Children had fewer visits to the GP (0.13visits) \*
   \*Significant

Source: Howden-Chapman. et al. BMJ 2008;337:doi: 10.1136/bmj.a1411.

#### **Housing NZ Healthy Housing Programme**

Ventilation, Insulation, Crowding Reduction, Health services.

Before & after comparison showed reduction in acute hospitalisations for participants:

- <4 year olds =  $\downarrow$  11% (95% CI 1% to 11%)
- 5-34 year olds =  $\downarrow$  23% (95% CI 70% to 85%)

Source: Jackson et al. JECH 2011, 10.1136/jech.2009.107441

Children <20 years participating in HHP: 27% (95%CI -43% to -6%) decline in acute and arranged hospitalisations

Source: Baker et al. Health Impacts of HHP on HNZC

Tenants: 2004-2008



#### **Home Injury Prevention Intervention (HIPI)**

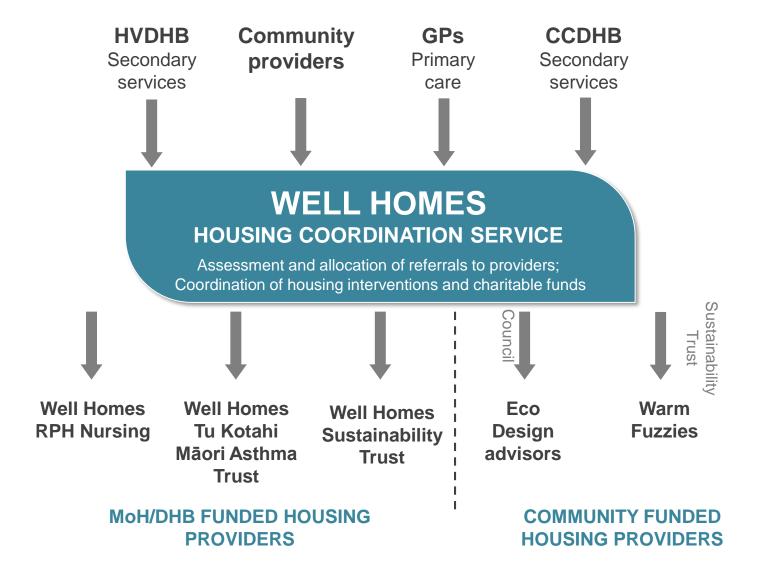
- Single-blinded cluster randomised controlled trial of home injury prevention measures to reduce medically-treated home falls.
- Taranaki Region in owner-occupied dwellings
- 842 households: 436 (950 people) randomised to treatment group, 406 (898 people) to control group
- Significant reduction in home fall injuries 26% (95% CI 6%-42%)
- Social benefits of injuries prevented >> costs of intervention (average \$560 per house)

# 4. Better housing improves health Safe Housing Enabling Long-term Effective Recovery (SHELTER)

- Observational study
- 800 families in Wellington
- Intervention: coordinated housing intervention (Well Homes)
- Data collected using administrative systems
- Collaborators include:
  - Wellington Regional Public Health,
  - District Health Boards,
  - Energy Efficiency Conservation Authority,
  - Housing NZ, Ministry of Social Development,
  - Tu Kotahi Māori Asthma Trust,
  - Sustainability Trust



# 4. Better housing improves health Well Homes Referral Sources



#### Well Homes is a **free** service that may be able to help your whānau with:



BEDS & BEDDING



MOULD CLEANING KITS



CARPET





**HEATING** 



INSULATION



MINOR REPAIRS



MSD/WORK & INCOME ASSISTANCE



OTHER - I.E. HEALTH OR SOCIAL REFERRALS



SOCIAL HOUSING RELOCATION

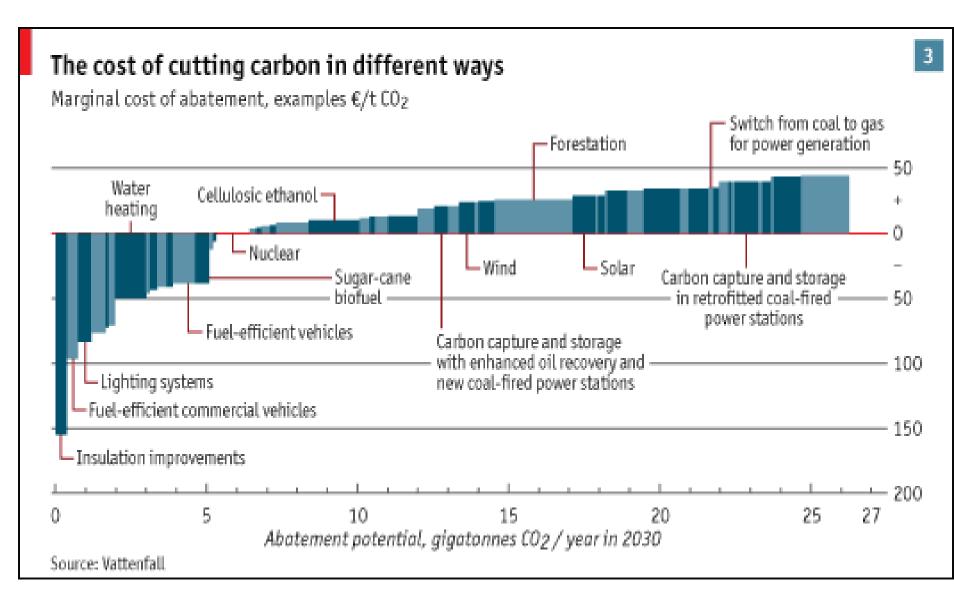


**VENTILATION** 

## 5. Better housing improves sustainability

#### Climate change & CO<sub>2</sub> emissions

- Kyoto CO<sub>2</sub> reductions average 5% by 2012 for industrialised countries
- Buildings account for 40% of total energy & 30% of CO<sub>2</sub> emissions
- Renovation dominant construction activity
- If energy efficiency measures can serve two purposes better chance of implementation



# Implementing better housing Housing Warrant of Fitness

Rating tool linking housing conditions to health & sustainability/efficiency outcomes

#### Could measure:

- Health, eg respiratory
- Safety, eg injury hazards
- Energy efficiency

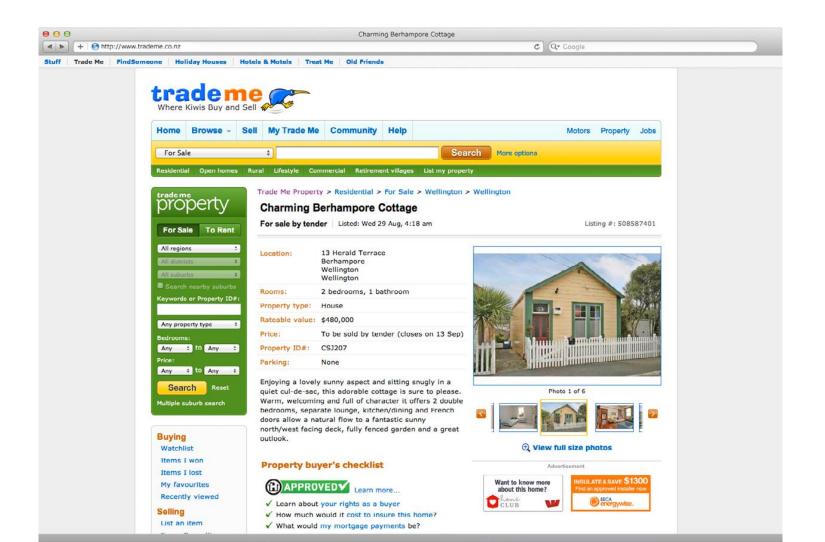
Source: Bennett et al NZ Med J 2013,

*126: 74-85* 

#### Sample WoF sticker



# Implementing better housing How WoF could be used with rentals & sales



# Implementing better housing

- 29-point evidence based checklist covering basic insulation, ventilation/dryness, fixed heating, amenities, state of repair and safety hazards
- Developed with Green Building Council
- Field testing by councils in Jan-Feb 2014



PE	Kitchen
	Wall, ceiling and floor linings intact
	Surfaces clear of mould
	Functioning stove and oven
	Effective ventilation to the outside
	+ Opening window with secure latch
	+ Window security stays (where required)
	Adequate food preparation and storage
	Hot water at tap (55°C±5°C)
	Potable water supply
	Waste water drainage with sound connection
	Working artificial lighting
	Visibly safe power outlets and light switches
RE	Living Areas
	Wall, ceiling and floor linings intact
	Surfaces clear of mould
	Effective ventilation to the outside
	+ Opening window with secure latch
	+ Window security stays (where required)
	Working artificial lighting
	Heating, fixed, effective and safe
	Visibly safe power outlets and light switches
	Curtains/blinds/double glazing present
PF	Bathroom and Toilet
	Wall, ceiling and floor linings intact
	Surfaces clear of mould
	Operational toilet
	Sewage connection functional
	Functioning bath or shower
	Effective ventilation to the outside
	+ Opening window with secure latch
	+ Window security stays (where required)
	Waste water drain connected
	Hot water at tap (55°C±5°C) if second cylinder
	Visibly safe power outlets and light switches
	Working artificial lighting
PF	Laundry
	Wall, ceiling and floor linings intact
	Surfaces clear of mould
	Effective ventilation to the outside
	Working artificial lighting
	Waste water drain connected
	The second secon

#### **Assessment Checklist**

P = Pass F = Fail / = Not applicable

1 2 PF PI	F PF	4 PF	5 PF	Bedrooms		
				Wall, ceiling and floor linings intact		
				Surfaces clear of mould		
				Effective ventilation to the outside		
				+ Opening window with secure latch		
				+ Window security stays (if required)		
				Visibly safe power and light switches		
_	_			Smoke alarm within 3m		
				Curtains/blinds/double glazing		
PF	Ent					
				belled and identifiable		
PF	Securely locking doors					
	Working light					
	Ceiling Insulation					
	Insulation to requirements (120mm)*					
	No gaps, tucks, or folds					
	No dampness in insulation					
-	Clearance for lights, ducts and roof					
PF	Underfloor Insulation					
	Insulation to requirements*					
	Dry underfloor					
	Ground vapour barrier  No ponding					
PF			_			
M	No cracks, holes in roof					
	No cracks, holes in external cladding					
	No cracks, holes or missing panes in windows					
	Spouting, storm/waste water functioning, no leaks					
	Structurally sound					
	Glass doors made of safety glass or include visibility strip					
	Handrails and balustrades to code*					
	Non-potable water labelled					
	Paths, decks and surfaces non-slippery/free from moss					
	Secure storage (1.2m high or child-free lock)					
	Artificial lighting – other					
PF	Hallway/stairwell					
	Wall, ceiling and floor linings intact					
	Surfaces clear of mould					
	Visibly safe power outlets and light switches					
	Opening window with secure latch					
	Window-security stays (if required)					
	Artificial lighting - hallway					
	Artificial lighting - stairs					
	*Man	ual at	https:	//timurl.com/RHWoFManual (PDF)		
otals	Pass	T		Fail		
-	-					

READY TO BOOK YOUR INDEPENDENT ACCREDITED INSPECTION? Phone: 0508 78 78 24 (The Sustainability Trust)

Version 3

© NZGBC and University of Otago 2017

Source: Bennett J, et al. ANZJPH 2016 Mar

# Implementing better housing HRC-funded Rental WoF study

- Does introducing a Rental WoF improve health without reducing rental affordability or availability?
- Intervention cities: Wellington and Dunedin
  - Control cities: Porirua and Invercargill
- Health outcomes: ACC claims, hospitalisations, mortality
- Economic outcomes: Trademe rental listing prices and numbers (by bedroom size)
- App available from Google Play or the App Storewww.rwof.org.nz

# Implementing better housing







- Need to consider affordability & security of tenure
- Tradition of good-quality, low-cost social housing, with a vegetable garden
- Recognised secure rental housing for life

### Conclusion



#### **Conclusions**



# 1. Built environment, particularly housing, is an important health determinant:

- We spend a lot of time there, particularly vulnerable groups
- Poor housing causes considerable illness and injury
- Housing mediates health inequalities
- Built environment uses energy, generates green house gases





- 2. Built environment also provides opportunities to improve health and reduce inequalities
  - Evidence shows better housing improves health, safety and sustainability
  - Need to improve housing quality eg well-validated rental housing WoF
  - Need adequate quantity of affordable, suitable housing

### Acknowledgements

- He Kainga Oranga: Philippa Howden-Chapman, Lucy Telfar Barnard, Nevil Pierse, Michael Keall, Julie Gillespie-Bennett, Julian Crane, Caroline Shorter
- HEIRU: Nick Wilson, Simon Hales, Jane Zhang, Jane Oliver, Amanda Kvalsvig, Trang Khieu
- SHIVERS/ESR: Sue Huang, Nikki Turner

