



10 Housing and Neighbourhood

Learning Objectives

In this chapter, you will learn to

- Distinguish between housing and neighbourhood effects on health
- Understand how and why urban design and the built environment influence health outcomes
- Appreciate how public policies and government programs modify the health effects of housing and neighbourhood variables

Chapter Overview

The chapter begins with outlining the health problems associated with bad housing and the link between physical conditions of the housing (e.g., exposure to lead, poor ventilation) and their impacts on mental and physical health of the residents. Homelessness is a critical problem for Canada, which is partly influenced by the unaffordability of housing.

The data on neighbourhoods and health indicate that neighbourhood characteristics, such as safety, access to amenities, and social support, shape the health of individuals by creating different opportunity structures for their residents. In this context, the author examines the impact of disordered neighbourhood on health. Following this, the author discusses how urban design and built environment shape people's physical activity and access to infrastructures that can promote health.

The final section of the chapter deals with housing policies and health. Government regulation in the housing market leads to unaffordable housing and lack of dwelling for lower or middle-income Canadians.

Key Terms and Concepts

Ciclovía the practice of closing streets to motor vehicles (p. 259)

Dangerous ecology stress and powerlessness caused as a result of living in a disordered neighbourhood (p. 258)

Deprivation amplification an amplified effect of deprivation related to the relationship between the opportunities a community has on offer and the income and education of its residents (p. 255)

Disordered neighbourhood a neighbourhood that have poorly functioning public services, graffiti, and crime where people feel powerless to enact positive change, experience elevated stress, and engage in riskier behaviour (p. 258)

Food deserts geographic areas with little or no access to good quality food (p. 256)

Food insecurity lack of stable access to food (p. 254)

Study Questions

Scroll down for answers.

1. Summarize individual- and macro-level variables associated with homelessness.
2. Explain how housing affordability affects food insecurity.
3. Summarize the impact of neighborhood on health.
4. Explain the concept of disordered neighbourhood.

Critical Thinking Questions

Scroll down for answers.

1. Explain the relationship between homelessness and health. How is homelessness linked to mental illness?
2. Describe what happens when individuals with lower income move to higher-income neighbourhoods. What hypothesis (psychosocial, materialist, or neo-materialist) is best suited to explain the observed effect of such move?
3. Much of the current urban design focuses on increasing the activity levels of the population. Is this the correct approach? Explain your answer.

Annotated Multimedia Resources

1. Housing First in Canada
<https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first>
(3:33 min)
This short video posted by the Canadian Observatory on Homelessness explains the five principals of the Housing First program.
2. Social inequity, health and health care: Code Red overview—Neil Johnston
<https://www.youtube.com/watch?v=89j65ZWScjY> (22:43 min)
Dr Neil Johnson from McMaster University explains the relationship between health status and consumption of health services exploring the findings of the Code Red report, a project that found startling differences in morbidity and mortality of residents of the City of Hamilton living in different neighbourhoods.
3. Millennials on money: “Home ownership for me? At least 10 years from now.”
<https://www.youtube.com/watch?v=wpa3kPtvSKQ> (4:35 min)
BC News National features a conversation with young people about their views on the availability of housing.
4. Young Homeless Girl Sleeps Outside in Winnipeg, Canada
<https://www.youtube.com/watch?v=9E5OFdl8wNI> (5:39 min)
The video shows a young homeless girl in Winnipeg. The girls share her story, including the circumstances that led her to being homeless and the challenges that she faces daily.
5. Down and Out (2015)
<https://www.youtube.com/watch?v=mH1AYwXuR0M> (8:00 min)
This short documentary by Royal Sixth Films looks at economic inequality in Vancouver’s Downtown Eastside.
6. How to revive a neighbourhood
https://www.ted.com/talks/theaster_gates_how_to_revive_a_neighborhood_with_imagination_beauty_and_art?language=en (15:23 min)
In this Ted Talk, Theaster Gates talks about his attempt to revive a neighbourhood in the south side of Chicago. His talk suggests that culture has a powerful ability to transform communities.
7. Neighborhood influences on health
<https://www.youtube.com/watch?v=UFB97OCoi5U> (5:09 min)
This HarvardX video explains the impact of neighbourhood’s design on health.
8. Glenn Howells: Growing Healthy Cities. TEDxBrum
https://www.youtube.com/watch?v=GSxd_qKR38E (13:37 min)
In this TedxTalk, Glenn Howells distinguishes between organic and planned cities and discusses how to make them healthy.

Answers to Study Questions

1. Individual-level variables related to homelessness include lack of job skills, low educational attainment, mental illness, substance abuse, family breakdown, adverse childhood experiences (abuse), and chronic illness and disability. Macro-level factors include income inequality, economy/unemployment, high housing costs, lack of social assistance and income support, and discrimination. (p. 253)
2. A lot of Canadian households spend more than 30 per cent of their total household incomes on housing. This places a family at risk of food insecurity and of being unable to meet their basic needs for healthy living. Households cannot withhold rents, so they economize by skipping meals and buying lower-cost, lower-quality foods. (p. 254)
3. Characteristics of neighbourhoods can exert a strong influence on health. Neighbourhoods differ in the degree of personal security and sense of safety; the quality of housing; access to good-quality shops; the availability of transportation; the proximity and character of green spaces, parks, and recreational facilities; access to social services and health care; and the quality of schools and other services. All these factors can influence health. (p. 255)
4. Disordered neighbourhoods—defined as having poorly functioning public services, graffiti, and crime—cause people to feel powerless to enact positive change, experience elevated stress, and engage in riskier behaviour. Disordered neighbourhoods are less likely settings for individuals to be watchful over the vulnerable (children, the elderly, the disabled) or to offer assistance to those in need. Thus, deaths of the elderly during heat waves or cold snaps are much more common in disordered neighbourhoods. The observed effects stem from disorder, not poverty. Even in poor neighbourhoods, those that are less disordered (vibrant ethnic enclaves, for example) have higher levels of health and safety, largely due to better social integration. (p. 258)

Answers to Critical Thinking Questions

1. Homelessness would be expected to negatively affect health, but the relationship between ill health and homelessness is complicated by the fact that people who are not well, especially those with substance abuse or mental health issues, are most at risk of becoming homeless. Poor health, substance abuse, or disability may lead to low income, which in turn leads to homelessness. But it is also true that being without a home creates stress, disrupts the person's capacity to lead a stable life, and thus leads to mental illness, especially depression and anxiety. It is also true that being on the street, partly through stress and partly through exposure to “street culture,” can lead to substance abuse. It can also lead to becoming a victim of violence. It is wrong to think that people are homeless because of pre-existing mental illness or substance abuse. (p. 253)
2. Based on psychosocial thinking, one might assume a neighbourhood made up of people all of similar income level might have a better health profile than a more mixed neighbourhood. Certainly, the stress of everyday interpersonal comparisons of status would be reduced by mixing only with people with a similar socio-economic status. But recent research shows exactly the opposite is true. Poorer people do better when mixed with richer ones, presumably because they benefit from an improved opportunity structure at the neighbourhood level—better schools, better shops, better public services, and so on. Poorer people are well aware of this and many try to move to better neighbourhoods precisely so their children might benefit from better schools or so that they may feel safer. Hence, psychosocial hypothesis does not work well to explain this

phenomenon. Instead, materialist or neo-materialist explanations would work better to explain these findings. (p. 257)

3. Inactivity is associated with a number of adverse health outcomes, whereas regular physical activity is associated with lower incidence of heart disease, diabetes, hypertension, and obesity. However, the relationship between population-level inactivity and population-level health outcomes is imperfect, to say the least. Japan is the healthiest of the countries and has an obesity rate of only 3.2 per cent in spite of having one of world's least active populations. France, a middle-ranking country in terms of activity levels, has excellent health and a relatively low rate of obesity (9 per cent). The United Kingdom and the United States have high rates of obesity (23 per cent and 30 per cent respectively), as well as high rates of heart disease and diabetes, but the (more inactive) British have better health than the (heavier and sicker but much more active) Americans. Obesity and health, then, do not track well with activity levels, demonstrating that diet and other factors are overall of greater importance than physical activity. Nevertheless, physical activity is an important determinant of health, and is heavily influenced by characteristics of the community in which a person resides. Still, focusing on accessibility of neighbourhoods and infrastructure that promotes social cohesion might be a better approach. (p. 259)