HOW HEALTHY ARE PEOPLE IN SOCIAL HOUSING IN MANITOBA?

A summary of the reports, 1) *Social Housing in Manitoba Part I: Manitoba Social Housing Data* by Greg Finlayson, Mark Smith, Charles Burchill, Dave Towns, William Peeler, Ruth–Ann Soodeen, Heather Prior, Shamima Huq, Wendy Guenette and 2) *Social Housing in Manitoba Part II: Social Housing and Health in Manitoba: A First Look* by Mark Smith, Greg Finlayson, Patricia Martens, Jim Dunn, Heather Prior, Carole Taylor, Ruth–Ann Soodeen, Charles Burchill, Wendy Guenette, Aynslie Hinds

Summary written by Michelle Houlden

University of Manitoba | Manitoba Centre for Health Policy

As the cost of living goes up, many low-income earners find it increasingly difficult to make ends meet. For many, an affordable and decent place to live would be almost impossible if not for subsidized housing programs.

Housing is a basic human need and a requirement for good health. Having an affordable place to live means that money spent on housing is not being diverted from other necessary goods such as food, clothing, and healthcare needs.

As of 2009, over 31,000 Manitobans live in Manitoba Housing and Community Development's social housing units. Almost half are under the age of 20. Sixty-five percent over the age of 20 are women and many are single parents. A rising number of clients are physically disabled (about 4% in 2009).

Manitoba Housing manages about 13,100 rental housing units across the province, from apartments to townhouses, duplexes and houses. Figure 1 shows the distribution of social housing throughout the province and Figure 2 shows the breakdown of social housing units by household type. The Manitoba Housing client database holds a wealth of information that researchers at the Manitoba Centre for Health Policy (MCHP) recently examined. Researchers could only use data for clients living in social housing directly managed by Manitoba Housing — some 21,800 other social housing units are managed by nonprofit groups or as co-ops, but data about these clients are not collected by Manitoba Housing and so could not be studied.

After accounting for differences in income, individuals in social housing, compared to all other Manitobans, were more likely to have a diagnosis for respiratory illness.

Researchers linked MCHP health data to the Manitoba Housing database and were able to look at selected health, educational, and social outcomes associated with living in social housing. This was done by linking the Housing data with information in MCHP's population-based data repository. This Repository holds information on all Manitobans from various government services. This information is made anonymous so that although no one can be identified individually, information about their doctor and hospital visits, drug prescriptions, and even their high school education can still be analyzed.

Figure 1: Social Housing Units across Manitoba as of 2009
Units per 1000 People

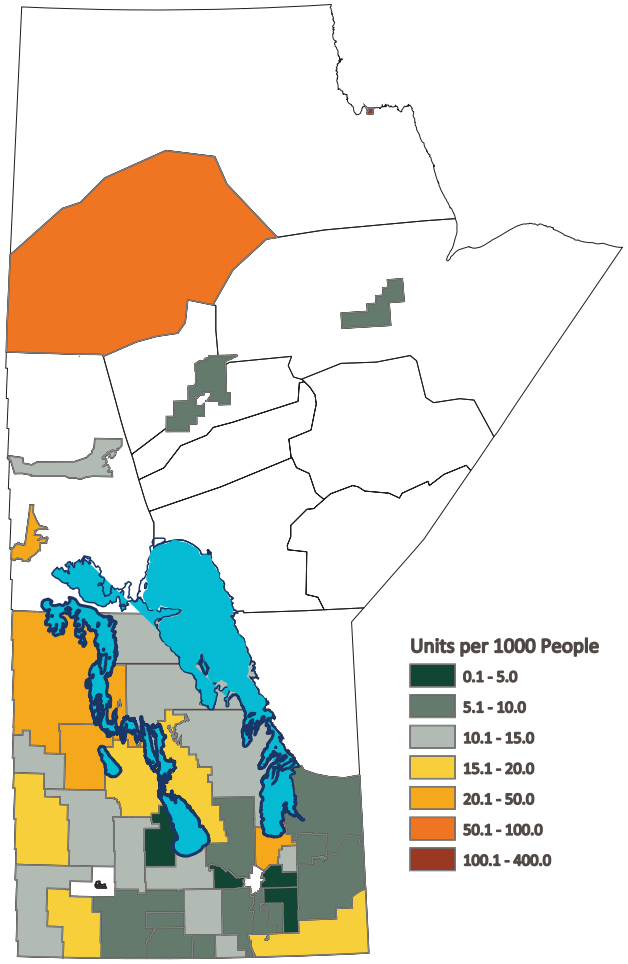
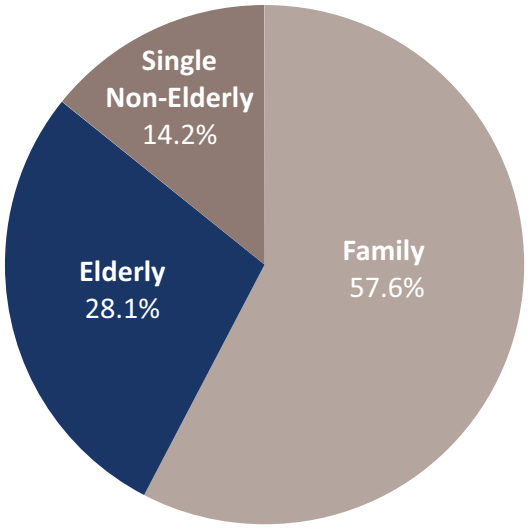


Figure 2: Social Housing Units by Household Type



A new look at enduring issues

With these data in hand, researchers were able to ask questions such as "How healthy is the social housing population?", "How do they compare to other Manitobans?" and "How are their kids doing in school?" The study "Social Housing in Manitoba: A first look" and the full results of the report are available from MCHP.

Researchers found that, when compared to the general population, residents in social housing do not live as long, are more likely to have schizophrenia, are more likely to commit suicide, and are less likely to finish high school (see Table 1, 2nd column). These results were not surprising since many of those living in social housing are poor, and these same issues also affect the most vulnerable members of our society. Unfortunately adequate housing cannot, on its own, address all of the issues that are linked to poverty and poor health.

...students living in social housing in higher SES neighbourhoods were found to be much more likely to complete high school than students living in lower SES neighborhoods.

The challenge for this study, therefore, was to devise an approach that could remove the effect of poverty, to see what role social housing plays in the health and education outcomes of the clients who use it, if any. Studies in the past have focused on the link between poverty and health, education, or other issues. Now with more extensive data in hand, researchers could explore the role that living in social housing plays on various health and education indicators.

Once the data were analyzed through mathematical models to remove the effects of low income, some important results surfaced (see Table 1, 3rd column). After accounting for differences in income, individuals in social housing, compared to all other Manitobans, were still more likely to have a diagnosis for respiratory illness. Women also had fewer breast cancer screenings and students were less likely to complete high school. But on many indicators there was no difference between the two groups, after accounting for income.

Table 1: Summary of the Association Between Living In Social Housing and Health and Social Outcomes

Indicators	Social Housing vs. All other Manitobans	Social Housing vs. All Other Manitobans (after accounting for income)
Health Status		
Premature mortality	Worse	No difference
Schizophrenia	Higher*	No difference
Total respiratory morbidity	Worse	Worse
Tuberculosis	Worse	No difference
Screening & Prevention		
Complete physicals	Worse	No difference
Breast cancer screening	Worse	Worse
Cervical cancer screening	Worse	Better
Breastfeeding initiation	Worse	No difference
Complete immunizations by age two	Worse	Better
Social Indicators		
High school completion	Worse	Worse
Teen pregnancy	Worse	No difference

*Results cannot be interpreted as either better or worse

There were also some positive findings. Individuals living in social housing were more likely to be screened for cervical cancer and children were more likely to have complete immunizations by age two than a comparable group of low income individuals not living in social housing.

The analysis didn't stop there. Since MCHP also has access to data for Manitoba's regional health authorities and Winnipeg's community areas, researchers took a look at whether the socioeconomic status (SES, or average income) of a neighborhood changed the results for social housing residents in that area.

...suicide was the fourth leading cause of injury for all other Manitobans, it was the second leading cause of injury for those living in Social Housing.

Because some social housing units are located in higher SES areas while others are in lower SES areas, the researchers could compare the outcomes between the social housing units in different locations. Even though the residents in these units still qualified for social housing because of their low income, students living in social housing in higher SES neighbourhoods were found to be much more likely to complete high school than students living in lower SES neighborhoods. This finding raises important questions for further research.

A number of indicators were not modeled to remove the effect of poverty and income, but the findings are still noteworthy. In contrast to some of the other health status measures, mood and anxiety disorders were only 14.6% higher in social housing (37.2% in social housing vs. 22.6% for all other Manitobans). Since most other health status measures were 2-3 times higher this raises the possibility of under-diagnosis of these disorders in the Social Housing population. Under diagnosis could have implications for higher rates of suicide since mood disorders are common among those who attempt or commit suicide.

In terms of readiness for school as measured by the Early Development Instrument (EDI), there were large differences between the two cohorts (44.6% of children were not ready in the Social Housing cohort vs. 26.4% for children not ready in the All Other Manitoban cohort).

Rates and types of injury also differed substantially between the two groups. Overall, and for the top 5 causes of injury in each cohort, the rate of injury was at least twice as high in the Social Housing cohort as compared to all other Manitobans. Also, the order of the top 5 causes differed between the two groups. For the Social Housing cohort the top 5 causes of injury were falls, suicide and self-inflicted injury, homicide and injury inflicted to others, followed by motor vehicle accidents and poisoning. For the All Other Manitoba cohort the top 5 causes of injury were falls and motor vehicle accidents first, followed by homicide and injury inflicted to others, suicide and self-inflicted injury and accidents due to machinery explosions and electricity. Thus, while suicide and self-inflicted injury was the fourth leading cause of injury for all other Manitobans, it was the second leading cause of injury for those living in Social Housing.

Where do we go from here?

The results of this study have raised many questions worth exploring. For example, cervical cancer screening and complete immunizations by age two were higher in social housing compared to a similar low income group. Are there lessons that can be learned from these positive results that could be applied in other situations? What specific issues could be addressed in order to reduce the occurrence of respiratory illness, increase the number of women who have mammography, improve the number of students being ready for school, and completing high school in the social housing population? Answers to these and other questions posed by the researchers could lead to solutions for improving the health and social concerns of individuals living in social housing.

This is the first time this type of research has been done in Canada. It opens the door to studies that can answer key questions about social programs and their impact on the health and wellbeing of Manitobans living in poverty.

The Manitoba Centre for Health Policy is a unit of the Department of Community Health Sciences at the University of Manitoba's Faculty of Medicine. MCHP conducts population-based research on health services, population and public health and the social determinants of health.

For more information, contact MCHP:
Tel: (204) 789-3819; Fax: (204) 789-3910;
Email: reports@cpe.umanitoba.ca or visit
umanitoba.ca/medicine/units/mchp

University of Manitoba | Manitoba Centre for Health Policy