

Literature Review on The Impact of Housing as A Key Social Determinant of Health Inequity in The United States

Keywords

Inequality in housing • Demand for housing • Social disparities • Healthcare, •Health disparities • Social determinants of health • Access to healthcare • Quality of healthcare.

Introduction

Housing inequity is the core of health inequities in the US population. Health inequity refers explicitly to the variations and inequalities in healthcare access, quality, and outcomes for the US population when put together with ethnic minorities, especially the Black American population. Ethnic minorities and people of low socioeconomic status of all races have been affected profoundly and deeply by health inequity.

The US Department of Health and Human Services has long studied persistent health disparities in the US population to make action plan recommendations for improving health outcomes. Numerous studies have decades of evidence showing disparities concerning racial and ethnic mix, socioeconomic gradients, poverty, housing standards and living conditions, and education. Those contexts have decreased life expectancy between groups due to health inequity.

This literature review aims to pay attention to health inequity due to housing inequity and disparity as an important social determinant and its impact on healthcare and synthesize key conclusions from the recent research findings.

For this review, the author has reviewed and analysed two articles and critically reviewed and analysed the impact of housing inequality as a key social determinant of health equity.

Methodology for Literature Review

Key Questions: Does housing disparity contribute to health inequity in the United States? And if so, what are the population-level health effects of housing-related inequity in the United States?

Literature Review

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Objectives

- Identify the role of housing inequality in producing health equity gaps.
- Analyse the role of housing inequality in producing health equity gaps between different population groups.
- How well did the interventions address this key social determinant of health and reduce health inequity?

Inclusion Criteria

- Articles published on housing demands and inequality.
- Peer-reviewed journal articles, systematic reviews, meta-analyses, and government reports.
- Studies focus on housing social determinants and health inequity in the United States.
- Articles written in English.

Exclusion Criteria

- Articles published in languages other than English.
- Non-peer-reviewed articles, opinion pieces, and editorials.
- Studies focusing on health inequity outside the United States.

Search Strategy

Databases: PubMed, Google Scholar, Scopus, and Web of Science.

Methodology

The first review article: Building Health Equity Through Housing Policies: Critical Reflections and Future Directions for Research. [1]

Kathryn M. Leifheit of the University of California, Davis, and colleagues have written a timely piece on the social determinants of health, which centres housing policies as a key factor in health inequities. The article, 'Building Health Equity through Housing Policies: Critical Reflections and Future Directions for Research,' concisely explains why housing policies are responsible for health inequities, especially those in the US. A critical review of the three key arguments in the article is given below.

Summary of Key Points

Historical context and importance of housing: The author reminds us in this article that housing is one of the social determinants of health. When the science of public health emerged in the mid-18th century, it was ironically driven in part by the need to control the diseases that thrived in crowded houses.

Later socialist thinkers from the late 19th century, such as Frederick Engels and W E B Du Bois, pointed to the same overcrowded living conditions as the causes for health inequalities and, thus, of the sanitation movement and modern public health.

Current housing insecurity: The authors state that housing insecurity in the US is a result of inequitable policy choices that lead to 'staggering health inequities, particularly among those who have been historically and presently disenfranchised.' environment, e.g., Housing insecurity

refers to an insufficient or unstable home environment, including characteristics of instability (e.g., excessive cost burden or evictions) and inadequacy (e.g., physical deterioration or housing in appliances).

Impact of housing policies: Housing policies either shore up or undo structural oppression by allocating resources and power. Examples of this are things like the legacy of redlining and the history of racially discriminatory lending practices, both of which have led to persistent racial health inequities.

Role of health researchers: They argue that researchers need to become more justice-oriented and action-oriented to inform housing research that promotes health equity connect They include recommendations to establish interdisciplinary teams, connect people with lived experience, and use mixed methods approaches and conceptual models of care when analysing housing policies' impacts.

Policy recommendations: The article ends with a list of policy recommendations, including a call to advance 'Health in All Policies,' embrace advocacy, and partner with community leaders. It also urges us to ensure that causal interpretations are based on suitable longitudinal studies and systematically measure policies' differential effects on vulnerable subgroups.

Critical Analysis

Strengths: Powerful Conceptual Framework: An excellent and well-contextualized conceptual framework describes the link between housing policies and health outcomes, both via structural, environmental, and biological mechanisms.

Historical context: The authors situate their work in a historical context to emphasize the ongoing legacies of former policies and institutionalized racism.

Actionable takeaways: The authors offer actionable recommendations for researchers and policymakers, calling for interdisciplinary approaches and community engagement.

Areas for improvement: Global Point of View: Though this is a US topic, I would have liked to see a more significant international perspective. How do housing policies and health outcomes compare across different countries?

Although the article offers a qualitative analysis, it would be helpful to include more quantitative data and statistical analysis to provide more evidence for the generalization refined in the second part and make it more formal to prove more explicit causal relationships.

Implementation issues: While the recommendations are ambitious, the article glosses over the practical implementation issues and how to address these issues effectively.

Impact and relevance: Timeliness: With so much attention, money, and policy focused on housing following COVID-19, which increased housing insecurity and made the need for structural reform, the content of this article is more relevant than ever.

Policy impact: The article might encourage policymakers to integrate health equity into housing policy by making 'Health in All Policies' the standard.

The author reviewed the second article titled. "Structural racism, the social determinant of health, and health inequities: The intersecting impacts of Housing and mass incarceration. American journal of public health by Blankenship et al. [2]

In the second article, the author summarises relevant research that describes pathways by which housing conditions influence health inequities: 'A home is a place of refuge and sanctuary-historically, homes have enabled generations to build wealth, social connections, and civic participation. However, access to and quality of housing are dependent on one's social class and race, with homes as prime leverage for the creation of structural racism. Redlining, housing segregation, and racially discriminatory clauses in mortgages and insurance, for example, constitute forms of structural racism that affect homeownership and contribute to health inequities. [2]

In 'The Impacts of Housing and Mass Incarceration,' Kim M. Blankenship and colleagues published in Environmental Health Perspectives provide an overview of structural racism in housing policies and mass incarceration and its relation to health inequities in the US.

The US prison business has grown significantly over time, accounting for almost one-third of the global prison population 2015. This has led to a corresponding increase in the number of individuals affected by mass incarceration.

Communities of colour in the US, particularly Black and Latino individuals, are disproportionately impacted, and even these individuals are overrepresented in the justice system. Disproportionate numbers of Black youth are more likely to be stopped by police than their white peers. Native American youth and immigrants additionally face challenges in escaping poverty for a range of reasons, making them more susceptible to the social determinants of poor health. As of December 2022, there were almost two million incarcerated people in the US-and 270 million people who 'have direct experiences with the justice system either personally or through family' [2].

Almost two-thirds of incarcerated people 'are Black or Latino,' while 'Black and Latino adults are two to three times more likely to be incarcerated than whites. Young Black people, specifically, 'are three times as likely as young whites to have contact with the police-.' Two factors-poverty and immigration-exacerbate these disparities, making Native youth and immigrants even more vulnerable to the social determinants of poor health.

Summary of Key Points

Historical context of structural racism in housing:

The article points out that from the beginning, the housing policy in the US has been racially biased and has fuelled residential segregation. Rent support has never reduced residential segregation housing, racially restrictive covenants, or redlining, and it has historically prevented black people from gaining access to homeownership and stable housing: practices intended to limit black homeownership and confine them to segregated neighbourhoods that are inaccessible, unsafe and absent of essential community resources such as grocery stores, parks, and schools.

Current housing insecurity: Housing insecurity, which comprises high-cost burdens, evictions, and inadequate housing conditions, disproportionately affects Black households and other ethnically marginalized populations. The scarcity of affordable housing and the excessive cost of rent contribute to homelessness and unstable housing, as well as being a major risk factor for ill health. Homelessness and housing insecurity have well-established adverse health outcomes.

Intersection with mass incarceration: The article underscores how dismal housing prospects intersect with

mass incarceration-another reflection of structural racism. Individuals with criminal convictions are also more likely to be homeless and housing insecure because they are excluded from affordable housing by municipal, county, and state policies that deny people convicted of crimes the ability to rent an apartment or home.

Health impacts: Housing insecurity and mass incarceration both impact health by driving higher rates of stress, exposure to environmental hazards, and access to healthcare. For the Black individual, the effects are compounding, felt through the simultaneous experience of housing discrimination and criminal justice policy.

Policy recommendations: The article argues that policies that address the social determinants of housing insecurity and mass incarceration are essential foundational elements of health equity. Proposed solutions include ending discriminatory zoning and housing laws, increasing funding for affordable housing, and prohibiting the exclusion of people with criminal records from housing.

Critical Analysis

Strengths: Extent: The article analyses the historical and social contributors to housing insecurity and health inequities in depth.

Through an 'intersectional' approach, analysing housing alongside mass incarceration, they spotlight the additive impact of structural racism on health.

Practical policy recommendations: The report contains achievable and helpful policy recommendations to address the underlying systemic problems leading to inequitable health.

Areas for improvement: Broader Context: In the US. Comparisons with other countries could put housing and health inequities into a broader global context. More quantitative data and statistical evidence would have provided stronger arguments and more unambiguous evidence of the causal relationships. The article could be more specific about the implementation obstacles to being on the perfect path and how to overcome these roadblocks.

Conclusion

However, the article by Leifheit et al. is a great and insightful piece, well-argued and compelling, and, in a

clear call to consideration, emphasizes the role of housing in health equity. Housing is a must-read for researchers and policymakers who wish to use housing policies to reduce health disparities. Further internationalization of the perspective or better quantitative data to support the claims and reflections on the challenges of actual implementation could polish it to its finest shine.

The article by Blankenship and others illustrates clearly the influence of structural racism in housing policy on health inequities in the US. Past housing discrimination has led to long-standing residential segregation and limited affordable housing for Black people that together promote health disparities seen today. Additionally, housing insecurity is further escalated through mass incarceration. Individuals with prior incarceration who, on average, after release, face profound housing insecurity on their return from prison face extra challenges in attaining stable housing, increasing the risk for poor health. This article clearly emphasizes that structural reforms in promoting health equity are critical. Overall, this article cogently describes how structural racism in housing policy and mass incarceration contributes to health inequities in the US.

They provide extensive, illuminating analyses of historical and present factors underlying these issues and offer valuable insights and recommendations to address health inequities through housing policy reform. To enhance their insights into this important topic and extend the impact of their findings to the global context, more quantitative data sentinels and greater observations on implementation challenges of housing policy reform to address health disparities could be considered when communicating about these issues.

Limitation of This Literature Review

The reviewer recognizes that the views expressed are limited as a knowledge base is low when it comes to housing as a social determinant and health inequity. Compared with other social drivers, limited research studies are done on housing and how it affects health equity. The reviewer recognizes the opinion expressed is limited as only two articles were critically assessed and reviewed, and a more comprehensive approach to the critical review is essential to comprehend the extent of housing with health inequity.

References

1. Leifheit, Kathryn M, Gabriel L. Schwartz, Craig Evan Pollack and Sabriya L. Linton. "Building health equity through housing policies: critical reflections and future directions for research." *J Epidemiol Community Health* 76 (2022):759-763.
2. Blankenship, Kim M, Alana Rosenberg, Penelope Schlesinger, Allison K. Groves, et al. "Structural racism, the social determination of health, and health inequities: The intersecting impacts of housing and mass incarceration." *Am. J. Public Health* 113 (2023): S58-S64.
3. Dunn, James R. "Housing and health inequalities: review and prospects for research." *Housing studies* 15 (2000): 341-366.
4. Smith, Susan J, Donna Easterlow, Moira Munro, and Katrina M. Turner. "Housing as health capital: how health trajectories and housing paths are linked." *J. Soc. Issues* 59(2003): 501-525.
5. Robinson III and John N. "Surviving capitalism: Affordability as a racial "wage" in contemporary housing markets." *Soc. Probl* 68 (2021): 321-339.

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