Research Findings: 7
FROM THE HEALTH VARIATIONS PROGRAMME

E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL

Housing tenure and car ownership: why do they predict health and longevity?

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- This project sought to unpack the social meaning and practical significance of variables shown in social epidemiology to be associated with health and longevity: in this case, housing tenure and car access.

- Those living in owner occupied homes and with car access had significantly better health on all health measures used in the study. Most of these significant associations remained even after taking individual social and demographic characteristics into account.

- Owner occupiers and those with car access had higher levels of mastery, self-esteem and life satisfaction (both from homes and from transport) than did renters or those without car access.

- The factors which helped to explain the relationship between tenure and health were the quality of the dwelling and the quality of the surrounding environment.

- People with access to cars report that they have more privacy, freedom, status and safety than those who usually travel by public transport.

- Public renting and public transport as currently configured in the UK can have health-damaging effects through both physical and psychological pathways.

- Policies designed to reduce these health-damaging effects might help to reduce inequalities in health.

- The aim should not necessarily to make everyone into an owner-occuppying car owner, but to remedy the negative features of social renting and lack of access to a car.

Background

Our project addressed the overall question of the Health Variations Programme ("why are there persisting and widening socioeconomic variations in health in advanced industrialised countries?") by seeking to unpack the social meaning and practical significance of variables shown in social epidemiology to be associated with health and longevity; in this case, housing tenure and car access. It examined the psychological, social and physical mechanisms by which ownership of, or access to, such assets might contribute to socioeconomic variations in health.

It has often been observed in the UK and Europe that persons living in owner occupied dwellings, and whose households have access to a car or van, live longer and are healthier than those who live in the public rental sector and who do not have household car access. The reasons for these associations have rarely been studied directly. It has usually been assumed that housing tenure and car access are associated with longevity and health simply because they are acting as markers for social class or income and wealth, rather than because features of tenure or access to transport might themselves be directly or indirectly health promoting or health damaging.

Our aim was to examine:

1. the statistical associations between physical and mental health on the one hand, and housing tenure and car ownership on the other, controlling for income/wealth and psychological traits;

2. the role of housing quality, residential environment and use of cars and public transport, in influencing physical and mental health, and in mediating observed associations between these asset-based measures of socioeconomic status and health;

3. the personal and social significance of housing tenure and car ownership in peoples' everyday lives;

Data and methods

We conducted a postal survey of almost 3000 adults living in the West of Scotland and carried out in-depth interviews with a sub-sample of 40 respondents.

We used eight measures of self-reported health (covering chronic and acute conditions, general health, use of GP services, and mental health). Other measures covered personal and household life circumstances, details of the dwelling, the neighbourhood, use of transport, and psychological characteristics. We wanted to test suggestions that ontological security (a sense of confidence in one's self-identity and in the constancy of one's social and material environments) might help explain the links between owner occupation or car access and good health. We therefore devised novel measures of ontological security derived from the home and from transport, with three components - protection, control and prestige. These elements were measured both in the survey and in-depth interviews.

Findings

Socio-demographic and other correlates of tenure and car access

Owners and those with car access were more likely to be male, to be married or cohabiting, less likely to be living in a one-person household, and were younger than were renters. They also had greater monthly household incomes adjusted for family size, were less likely to receive all household income from benefits, and were more likely to be in non-manual social classes. Given these characteristics, which are all positively associated with health, it is not surprising that those living in owner occupied homes and with car access had significantly better health on all eight health measures.

The relationship between tenure or car access and health controlling for material assets

We looked to see whether the association we found between housing tenure or car access and health could be explained by these pre-existing personal advantages. When we took into account age, sex, marital status and either social class or income, most of these associations were still statistically significant (although smaller).

Associations between tenure or car access and psychological characteristics and features of homes and cars

Owner occupiers and those with car access had higher levels of mastery, self-esteem, life satisfaction, and ontological security (both from the home and from transport) than did renters or those without car access.

Features of the home which are considered socially desirable in our society were more commonly found in owner occupied properties (including the dwelling being a house rather than a flat, having more rooms and a garden). Desirable fixtures were more commonly found in the owner occupied properties, which were also reported to have fewer problems such as damp and cold.

Renters were more likely to report a range of stressors as being problems in the local neighbourhood. There was no difference between owners and renters in reporting feeling very much part of their neighbourhoods; but renters were more likely to say they did not have any neighbours with whom they can exchange small favours.

Those with access to a car tended to travel further to work but to take less time to get there, and were less likely to say that travel to work, days out, health appointments etc. were difficult (the difference between them and those without car access being greatest for social visiting). A much higher proportion of car owners (70%) reported feeling safe when they travelled than public transport users (35%).

Features of the home, neighbourhood and transport mediating the relationship between tenure or car access and health

The factors which helped to explain the relationship between tenure and health were the quality of the dwelling (condition of the building, housing stressors such as noise and damp, density of occupation etc.), and the quality of the area (the prevalence of neighbourhood problems such as graffiti,

vandalism, and noise; and access to local amenities). Adjusting for type of housing, housing quality, and area quality reduced the excess rates, among renters compared to owners, of limiting long-standing illness by 40%; of poor general health by 60%, of depression by 100%, and of symptoms by 300%. The difference between owners and renters varied by some personal characteristics; for example among married men there was little difference in rate of chronic illness by housing tenure, whereas among single men rates were around four times higher among renters compared to owners.

Among women there was no relationship between car access and any health measure once we controlled for age. Among men, the transport-related variables which helped to explain the better health of those with access to car were the value of the car, being able to travel to a number of amenities more easily, and having a car available when needed. Self-esteem and mastery scores were higher among male car owners than among those with no car access, and this helped to explain the relationship between car access and positive health.

Mixed blessings?

Respondents were asked to list the three best and three worst things about owning one's house and owning a car. In relation to homes, the most commonly mentioned benefit was the control one could exercise over one's dwelling, followed by the financial advantages from ownership and then by the security deriving from home ownership. The three most commonly mentioned bad things about home ownership were the cost of home ownership, the responsibility for having to look after it, and other costs associated with home ownership such as council tax payments and difficulty selling. The three most commonly mentioned benefits of car ownership were convenience, the privacy and protection provided by a car, and control; the worst things most commonly mentioned were the financial burdens of car ownership, lack of control or freedom (including dealing with other road users, crime, congestion, difficulty finding parking spaces and having to give other people lifts), and responsibility for the upkeep of the car.

Poor quality public services

Public housing schemes and public transport were both seen as more intimidating than private counterparts. Publicly rented housing was seen as not providing any resources to bequeath to children, exposing residents to undesirable neighbours, and being built to poor standards; the landlords were seen as remote and not doing enough repairs and maintenance. Public transport was seen as inconvenient, dirty, unreliable, and as exposing travellers to potential risks from the weather and from other people. 'Public' housing and transport services were seen as stigmatising, and as conferring low prestige on their users.

Conclusion

Having money and a good job enhance one's ability to gain access to socially desirable assets such as owner occupation and access to private transport. These assets may then confer two types of health promoting benefits; psychosocial ones relating to control, status, security etc., and more practical ones relating to protection from health damaging features of the immediate environment such as damp or cold in the home.

Policy implications

The overall conclusion of our study is that it is not that owner occupation or access to private transport have any intrinsic benefits for health, but that public renting and public transport as currently configured in the UK can have health damaging effects through both physical and psychosocial pathways. Policies designed to reduce these health damaging effects - by, for example, improving the physical and social fabric in public housing, reducing the threats to personal safety and personal freedom often present in public sector services, improving the cleanliness and reliability of public transport, and reducing the stigmatisation attaching to use of these public services - might help to reduce inequalities in health. The aim should not be necessarily to make everyone into an owner occupying car owner, but to remedy the negative features of social renting and lack of access to a car.

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Selected papers drawn on for these Findings

Macintyre, S., Hiscock, R., Kearns, A. and Ellaway, A. (2000) 'Housing, tenure and health inequalities: a three dimensional perspective on people, homes and neighbourhoods' in H. Graham (ed.) *Understanding Health Inequalities*. Buckingham : Open University Press.

Kearns, A., Hiscock, R., Macintyre, S. and Ellaway, A. (2000) 'Beyond Four Walls'. The psycho-social benefits of home: evidence from West Central Scotland' *Housing Studies*, 15, No. 3, 387-410.

Macintyre, S., Hiscock, R., Ellaway, A. and Kearns, A. (in press) 'The fallacy of the equivalence of a range of household and area based indicators of material resources in the geography of health inequalities' in: P. Boyle (ed.) *The Geography of Health Inequalities in the Developed World,* Aldershot *:* Ashgate.

Hiscock, R., Ellaway, A., Macintyre, S. and Kearns, A. (in press) 'The significance of residence: housing tenure and area variations in ontological security derived from the home' in: C., Gurney (ed.) *Placing changes: perspectives on place in housing and urban studies,* Aldershot *:* Ashgate.

Hiscock, R., Macintyre, S., Ellaway, A. and Kearns, A. (1999) *Transport, Housing and Wellbeing in West Central Scotland,* Glasgow : MRC Medical Sociology Unit Working Paper No. 89.

Ellaway, A., Macintyre, S., Hiscock, R. and Kearns, A (forthcoming) 'In the driving seat? Mode of transport and considerations of autonomy, status and control.'

Information about Programme

The Health Variations Programme was established by the Economic and Social Research Council in 1996 to focus on the causes of health inequalities in Britain. Over the last two decades, Britain has got healthier and richer, but inequalities in health and income have increased. Death rates have fallen but mortality differences between social classes I and V have widened; real incomes have risen but so has the proportion of the population living in poverty. The Programme aims to:

- advance understanding of the social processes which underlie and mediate socioeconomic inequalities in health;
- advance the methodology of health inequalities research;
- contribute to the development of policy and practice to reduce the health gap between socio-economic groups.

There are 26 projects in the Programme, based in university departments and research units across the UK. The projects have been established in two phases: in 1996/7 and in 1998/9. They address questions at the cutting-edge of health inequalities research, including the influence of material and psycho-social factors across the lifecourse, the influence of gender and ethnicity and whether and how areas have an effect on the socioeconomic gradient over and above the influence of individual socioeconomic status. The potential contribution of policy, at national and local level, is also addressed.

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