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***The European Task Force on housing and  
health: lessons learned and the way forward***

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## **SUMMARY**

The Symposium on Housing and Health in Europe which was held on 6-8 June 2001 in Bonn (Germany) by the European Regional Office of WHO agreed on establishing a relevant Task Force aiming at playing the role of an advisory body to WHO for strategic research and development in the area of housing and health. The first meeting of European Task Force on housing and health reviewed the objectives of the project "Housing and Health" which are to integrate housing, sustainability and health in order to put health higher on the agenda, the previous work done within the project and the way forward and the preparation for the 2004 Ministerial Conference in Budapest. The findings of the survey conducted in prefabricated panel block buildings show that residential health is affected by many different aspects of the home and its environment and thus represents a complex construct. It is clear that the problem at hand has the potential – if not taken care of in time – to result in widespread social problems. Despite some recommendations made for local authorities and inhabitants there is generally very little political interest for such research. Integrating the aspects of policy-making and economics would aim at seeing the home as a holistic entity rather than the sum of separate conditions and factors. Therefore new tools are needed in order to raise motivation for housing and health research in order to improve policies and regulations. The discussion took place on new survey tool of a pan-European study on housing and health with more emphasis on energy and temperatures and inclusion of immediate environment, aiming at a reinforcement of scientific knowledge of the link between housing and health, an identification of the variations between European countries in the housing parameters influencing health outcomes, the production of a toolkit enabling national and / or local agencies to undertake an assessment or a survey of housing parameters and health status in the area under their authority.

## **KEYWORDS**

Housing, health, surveys, Task Force.

## **THE EUROPEAN TASK FORCE ON HOUSING AND HEALTH: THE ESTABLISHMENT AND LESSONS LEARNED**

A wide variety of housing features influence both the physical and the mental health of occupants. Many of them are interrelated and act simultaneously, so the impact of housing on health is considered as complex. Though the literature review shows a number of publications on specific topics in the field of housing and health there is a lack of knowledge on some aspects and a more comprehensive approach is rarely taken. Generally, there is very little political interest for separate research approaches and integration of aspects of policy-making and economics would aim at seeing home as a holistic entity rather than the sum of separate conditions and factors. New tools were therefore needed in order to raise motivation for housing and health research in order to improve policies and regulations.

In this context, the World Health Organization Regional Office for Europe in 2000 decided to initiate a project on housing and health in order to help fill the knowledge gap existing in the field and to promote the discussion of housing and health in the Member States.

The first Symposium on housing and health held on 6-8 June 2001 in Bonn (Germany) reviewed the housing and health interaction, the situation in different countries and the survey conducted in prefabricated panel block housing within the framework of the project. Poor housing and living conditions were presented and recognized as a relevant health determinant. Health-related living conditions were acknowledged to be an important issue requesting immediate actions to be taken. Following this, the Symposium agreed on establishing a relevant Task Force aiming at playing the role of an advisory body to WHO for strategic research and development in the area of housing and health.

The Task Force was composed of a permanent core group of 6 experts with different backgrounds representing different countries: France, Switzerland, Lithuania, United Kingdom, Portugal and Slovakia. Lithuania is chairing the Task Force from its establishment. The Task Force meets once or twice per year, depending on the needs instead of a fixed schedule. According to the issue at hand other experts and consultants are invited to the Task Force meetings.

The first meeting of the European Task Force on housing and health held on 21-22 September 2001 in Lisbon (Portugal) reviewed the objectives of the project “Housing and Health“ which are to integrate housing, sustainability and health in order to put health higher on the agenda; reviewed and discussed the methods used and the findings as well as suggested the way forward.

During the first phase of the project on housing and health literature review was carried out and served for the development of survey tools. The empirical study on health related living conditions in prefabricated panel block housing was executed in Germany (Schwedt / Oder), Lithuania (Vilnius) and Slovakia (Bratislava). These buildings represent a large portion of housing stock of Central-Eastern as well as Western European countries, provide homes for a large part of population of the Region, however, the equipment and installations in these blocks are often of inadequate quality. As the main goal of the survey was to explore the perception of living conditions by inhabitants, a humanistic approach was taken in constructing the survey tools. It was decided that the survey would be limited to questioning residents and to a visual dwelling inspection and no physical measurements would be taken.

For the field study, a set of three survey tools was developed:

- A standardised housing questionnaire to collect data on the subjective perception and evaluation of the flat and the satisfaction of the occupants with their housing conditions (face-to-face questionnaire);
- A standardised, self-administered health questionnaire to collect data on the self-assessed health status of the occupants (to be filled by each inhabitants individually);
- A standardised dwelling inspection sheet to acquire objective data on quality, physical condition and technical equipment of the flat (inspection carried out by an independent surveyor).

Assessment of health-related living conditions listed in the following table was combined with questions on building quality, socio-economic factors and a health questionnaire collecting data on the occupants' perceived state of health.

**Health-related parameters of living conditions**

Temperature conditions	Particulate matter and dust
Energy consumption and heating	Pests and infestations
Lighting conditions	Flat size and living density
Air humidity	Noise exposure
Air quality	Sanitation and water supply
Ventilation and air exchange	Hygiene equipment and amenities
Smoking habits	Accidents

The findings of the conducted survey in prefabricated blocks showed that residential health is affected by many different aspects of the home and its environment and thus represents a complex construct. Particular health hazards related to living in prefabricated blocks of flats were identified, together with the impact of modernization and renovation in the case of Schwedt/Oder where renovated and unrenovated prefabricated block buildings were compared. Air quality, temperature, pests, noise, space, airtightness, hygiene were identified having varying influence on health in the respective countries, however, it proved to be impossible to identify a dominant influence on health. The study in Schwedt/Oder indicated that renovation measures have a strong positive impact on the perception of health-related living conditions, and residents' satisfaction with the flat. The findings also helped to provide local authorities with some basic recommendations on inhabitants' health improvement. To summarise, healthy living is possible in prefabricated blocks if a minimum level of maintenance is carried out.

The first phase of the project was completed in 2001. However, the project continued and new challenges were sought. During the next phase of the housing and health project WHO planned to conduct a pan-European study. For this approach, an improved set of survey documents was needed, which would enable the surveys to be more focused and avoid collecting already existing information.

Drawing from the experience of the first study, essential improvements of the questionnaire had to be implemented especially in the sections on accidents, health, socio-economic background, immediate environment, housing stock management issues. The first Task Force meeting discussed particularly the development of new survey tool for a pan-European study on housing and health in order to improve quality and validity of the collected data, methodology to be applicable in various countries and for different housing stock types aiming at:

- a reinforcement of scientific knowledge of the link between housing and health,
- an identification of the variations between European countries in the housing parameters influencing health outcomes,
- the production of a toolkit enabling national and / or local agencies to undertake an assessment or a survey of housing parameters and health status in the area under their authority.

For such a wide survey it was agreed that it should focus on the gaps in knowledge, which need to be identified as the first step because for many of the housing parameters the needed data probably existed already. The large number of experts was identified and questioned in order to find the current gaps of knowledge, to develop the detailed study objectives, to identify the required topics and priorities for a wider project, and the most important areas to work with.

The perception of the residents (tenant satisfaction) should be the key factor in assessing the housing standards because evaluation of satisfaction represents a complex approach, as it has to reflect many more parameters than the objective housing quality. It was concluded that while the dwelling quality was important for residents' satisfaction, it was not the most important priority. Any housing research should have to pay special attention to the issue of neighbourhood image and the personal expectations of the residents, which are shaped during their lifetime and housing experiences. It was agreed that the project should not deal exclusively with the housing and health relationship as such, but that its design should allow the derivation of directly applicable knowledge.

The general agreement was that a tool must be developed, which enables local authorities as well as countries to assess their own problems and needs within the field of housing, and that such a tool should be health-driven. The challenge of coordinating such research would be to prove to local authorities and countries that an investment in housing improvement will finally lead to benefits for both the individual and the society.

The immediate environment represented one of the major fields for which additional preparatory work had to be done for future surveys, together with the preparation of specific tools for the collection of health data, economic data and accident data that are specific topics for the 2004 Ministerial Conference in Budapest.

An expert meeting on immediate housing environment was arranged back-to-back with the first Task Force meeting in Lisbon. The purpose of the meeting was to discuss the need for a specific survey tool on the immediate housing environment, and the status of such a survey tool within the wider framework of pan-European survey on housing and health.

The group agreed on the following dimensions of housing:

1) The functional / perceptual dimension:

- The house as a home and safe shelter
- The house as physical refuge
- The neighborhood as the built framework for housing
- The community as the social framework for residents

2) The spatial / geographic dimensions:

- The private space of the flat / dwelling
- The collective space of the residential building complex
- The public space of the immediate environment and the neighborhood.

The immediate environment was defined as an addition of the collective space shared by the residents of the same housing block / unit, and several elements of the neighborhood (such as the near open and green spaces, housing entrance, parking places, waste disposal facilities etc.).

The expert group meeting proposed open-ended questions as a solution for identifying important issues and parameters that might not be dealt with by a survey composed only by closed questions. The immediate environment surveys should be

integrated into the larger housing and health surveys, and be based on quantitative approaches rather than qualitative approaches. The aspects of accessibility and suitability should be taken into account. A survey should not only address the relation between the immediate environment and its impact on the residents, but also the relation between the existing maintenance and regulation system and the current conditions of the immediate environment. With regard to the aspects of maintenance and housing management, the following aspects were considered to be of interest: ownership, maintenance responsibility, and use of the building elements to be maintained.

The Task Force agreed that production of scientific evidence should be followed by the production of technical recommendations for countries, ministries and local authorities, and as a long-term goal should be used as a basis for the development of housing and health indicators.

After the prolonged discussions in the Task Force on the development of a new survey tool and with the help of many experts, WHO developed a set of questionnaires for housing and health which were translated and piloted in several countries, later amended and finalized. The dwelling inspection sheet and housing questionnaires were amended and a section on immediate environment was integrated in the latter one. The inhabitant health questionnaire was totally redone.

## **THE WAY FORWARD**

The second Task Force meeting was held on the 20<sup>th</sup> of November 2002 in Forli (Italy).

First of all, the Task Force meeting reviewed the first pan-European housing and health survey undertaken in Forli (Italy) in September 2002. For the Italian survey a random sample of 800 households was taken from the database of all registered inhabitants of Forli, 403 of whom participated in the survey on a voluntary basis.

The members of Task Force recommended that the knowledge gained on how to carry out such a large-scale housing survey is very useful and all experiences should be reported describing in detail all methodological aspects. A comparison of subjective and objective assessment approaches should be performed. The term “environment” should integrate all aspects of the human environment, and the housing and health project should try to better integrate housing and urban settings in a global ecological approach. Environmental groups and NGOs should be convinced from the results that environment also includes human environments such as the immediate housing environment. Also during the Task Force meeting some proposals were made for data analysis.

In December 2002 the housing and health survey was carried out in Vilnius (Lithuania). The random sample of 1100 households was extracted from inhabitant registry of all Vilnius population. 685 of them were surveyed. The preliminary results of Lithuanian survey should be available at the beginning of April 2003. Respective surveys will be undertaken in Ferreira do Alentejo (Portugal) and Bonn (Germany) in January 2003. France (Anjous), Switzerland (Geneva) and Slovakia (Bratislava) also have already confirmed their participation in the pan-European housing and health study.

The Task Force meeting took place back-to-back with the Second International Symposium on Housing and Health organized jointly by the City of Forli, Fondazione Cardiologica “Myriam Zito Sacco” and the WHO European Centre for Environment and

Health (Bonn Office) from November 21 to 23, 2002. The Symposium brought together experts and practitioners working in the field of housing and health from more than 12 different countries, including countries from Caucasus, Central Asia and North America. The symposium reviewed the existing knowledge of the health impact of housing, addressed a large variety of housing and health topics. It was followed by a special presentation of the first Italian housing and health survey results to the population of the city of Forli and press receiving great interest. Experts were at the disposal of the inhabitants to discuss the results.

The topic of housing and health received a high profile during preparatory work for the 2004 Ministerial Conference of European Health Ministers and Environment Ministers. Therefore the Task Force discussed the priorities that would need to be communicated during this Conference. Placed under the topic "Housing, health and children" one session would turn towards housing issues and health effects, and it was seen necessary that well-selected aspects of the housing project be taken as a basis for the development of background documents and contributions to the action document signed. The focus on children would help to highlight the relevance of housing conditions in public health policies. Children are often disadvantaged by built environment and are often the victims of social inequalities, which have a large impact on their spatial living environments.

As one of the background documents, summary and conclusions of the pan-European housing and health survey were proposed. The data of the pan-European survey should be exploited as efficiently as possible, as it may be one of the best and most actual data sources that may be accessible at the moment allowing easy comparisons and benchmarking.

The proposal to develop some paragraphs to be included in the global declaration that will be endorsed by the Ministers was also well accepted although it still needs to be specified what kind of actions should be recommended.

The review of the legal practice and the current situation in the countries was strongly supported by the Task Force, since it was seen as a major possibility to apply the results, to involve different actors such as architects, building companies etc. and to improve the current conditions. Intervention studies and examples proving the effect of the improvements in regulation and housing conditions would be of high benefit.

The major objective for the Ministerial Conference must be to raise the awareness of the Environment (and Housing) Ministers about their responsibility for health. All the work should be finalized by November 2003 in order to go into the final preparation process of the Ministerial Conference in Budapest 2004.