



HOUSING DISPLACEMENT AND HEALTH

A summary of the impacts of housing
displacement on health and wellbeing

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Regional Public Health (RPH) is a business unit of the Hutt Valley District Health Board (DHB) providing public health services to the Greater Wellington region, which encompasses Capital and Coast, Hutt Valley and Wairarapa District Health Boards. Our business is public health action - working to improve the health and wellbeing of our population and to reduce health disparities. We aim to work with others to promote and protect good health, prevent disease, and improve quality of life across the population. We are funded mainly by the Ministry of Health, and we also have contracts with the DHBs and other agencies to deliver specific services. We have 150 staff with a diverse range of occupations, including Medical Officers, Public Health Advisors, Health Protection Officers, Public Health Nurses, analysts and evaluators.

Contents

Background	4
The Impacts of Housing Displacement on Health and Wellbeing	5
Housing displacement can have negative health impacts	5
Some groups can be particularly vulnerable to negative impacts	6
Potential extra household costs arising from relocation can have negative health impacts	7
Displaced residents require a range of supports to mitigate negative health impacts	8
References	9

Background

Regional Public Health aims to reduce health inequities for population groups that are most vulnerable, to support the development of healthy communities and to reduce the adverse health impacts of the determinants of health and wellbeing. This work is undertaken within the framework of the Ottawa Charter which defines public health as the science and art of promoting health, preventing disease and prolonging life through the organised efforts of society, (1) and is underpinned by equity considerations. Equity can be defined as, “the absence of avoidable or remediable differences among populations or groups defined socially, economically, demographically or geographically”. (2,p.1)

The current situation

Housing New Zealand Corporation (HNZC) are demolishing 90 houses within Pomare. These are all of the double units within The Links, The Glade, The Endway and the houses next to these areas on High St and Farmer Crescent. HNZC has, to date, demolished 27 three-bedroom units. Of the 27 units, 14 are vacant and have been heavily vandalised with graffiti and broken windows. The remaining homes are scheduled to be demolished by the end of December 2011.

Local residents are unaware of when, if any, housing regeneration initiatives will occur and whom the new owners will be. Of note, any new owners will not necessarily be committed to affordable housing and will have no obligation to re-house existing families.

Evidence suggests that housing displacement and subsequent relocation is a traumatic experience with considerable short term and long-term health costs. Such costs associated with displacement, for example, social support

networks, employment and economic capital affect not only the displaced residents but also the dispossessed communities they leave behind and the communities who receive such displaced residents. (3-10)

The public housing demolition and involuntary displacement of a number of families within the Pomare community is likely to result in adverse health effects on the residents as well as the dispossessed community left behind. A number of inter-sectoral supports will be required in order to mitigate these risks.

Pomare is a vulnerable community with high costs of living, unemployment rates, and poverty predominant issues facing residents in Pomare. However, the higher proportion of Māori and Pacific within the Pomare community means that any resulting adverse health outcomes will have a disproportionate impact on Māori and Pacific.

Māori as *tāngata whenua* have the right to experience equitable health as affirmed by the Treaty of Waitangi (11) and the United Nation's Declaration on the Rights of Indigenous Peoples (12) to which Aotearoa/New Zealand is a signatory.

Therefore, the reduction of the adverse health outcomes for the Pomare community as a result of housing displacement aligns with Māori health rights affirmed by the Treaty of Waitangi and the United Nation's Declaration on the Rights of Indigenous Peoples. The reduction of adverse health outcomes for the Pomare community is also affirmed within the broader frameworks of human rights injustices as acknowledged by national legislation, (13-15) and international human rights conventions. (12, 16-18)

This document contains a brief summary of some key health-related outcomes and examines the role that housing displacement plays in these outcomes.

The Impacts of Housing Displacement on Health and Wellbeing

Housing displacement can have negative health impacts

Housing displacement and relocation can have adverse health impacts on residents. (3, 6, 7, 10) Residents have disclosed symptoms of stress, loss, grieving and poorer mental health following housing displacement and relocation. (6, 7) This particularly occurs for individuals who have been forced from their community. (3) Stress can occur from the anticipation of dislocation, the lack of opportunity for residents to be able to negotiate with the authority as well as the loss of community. There is also evidence to suggest that there is a correlation between feeling informed about the housing demolition and regeneration process and suffering negative health effects. (7) Studies have also found that displaced residents can face considerable stigmatization within new communities and that this is a profound driver of stress. (6)

Evidence also suggests that the losses experienced by displaced residents give rise to multifaceted processes that may lead to new diseases and affect the transmission of other diseases. (3) An ecological study found that the 1975 -1979 demolition of low-income housing in the South Bronx in New York City, with subsequent displacement of residents, was followed by a sudden increase of high-risk behaviors such as substance abuse and violence. An increased spread of diseases such as HIV infection and tuberculosis which affected the displaced residents, the communities who received displaced residents, the larger city and region was also reported to follow. (3, 10)

Housing demolition and displacement has been shown to, not only result in homelessness but also causes the fracture of community support networks for residents. Geographically anchored

community support networks provide for exchange of goods and services but also, due to the collective identity and shared sense of belonging, provide buffers against the adverse effects of marginalisation. Communities residing in public housing particularly have been found to be valuable sources of emotional and psychological support. (6) As such, demolition of public housing has been found to signify considerable loss for public housing residents. Evidence suggests that the need to maintain such social support networks is one of the major reasons that residents oppose housing demolition and relocation. (6) Evidence also indicates that relocating even a short distance away from original communities can lead to disruption to social support networks when adequate transportation is not available. (6)

As such, residents who are relocated have been shown to face barriers to social integration within their new communities. (6)

Other negative effects may result from the discourses that surround housing demolition and displacement leading to reinforcement of harmful stereotypes of urban communities. Such discourses are known to negatively affect the health and wellbeing of residents. (6)

There is also a lack of evidence regarding the effectiveness of interventions involving housing displacement or housing regeneration initiatives in the improvement of health outcomes. (7) Research indicates that even when residents support housing redevelopment, the process of housing demolition and redevelopment is associated with a number of negative health effects. (7)

Health-related facts specific to Pomare

The ethnicity breakdown of Pomare reflects a higher Māori and Pacific population proportionately than the Hutt Valley. Of note, 76% of the population live in the most relatively deprived areas of Aotearoa/New Zealand (quintile 5).

Ethnicity	Maori	Pacific	Pakeha	Refugee	Other	Total
Total	1162	1219	465	155	74	3081
Percentage	38%	40%	15%	5%	2%	100%

Source: *Piki te Ora ki Te Awakairangi 'Services to Improve Access Report' 2003*

Other health-related facts

- 35.2% of residents are reported as being regular smokers
- Hospitalisation rates between 2008-11 for respiratory illness ranged between 478.2-818.00 per 10,000 per year
- Hospitalisation rates between 2004-09 for skin infections (0-14 years) were 101 per 10,000 per year

Some groups can be particularly vulnerable to negative impacts

Certain groups including the unborn child, children, elderly, intellectually disabled and marginalized groups can be particularly vulnerable to the health impacts of housing displacement. (4, 6-8, 10)

The impact of maternal health upon the child beginning in-utero means that any adverse health impacts of housing displacement and relocation on the mother may influence the health of the unborn child. (6) Evidence has suggested a link between housing demolition and subsequent housing displacement and low-birth weight. The destruction of public housing with subsequent upheaval and displacement of residents in New York City in the 1970s led to significant disparities in birth weight for those residents compared with the rest of New York City. Babies born during the 1975 -1979 destruction of housing had a significantly higher likelihood of low-birth weight than those born to mothers prior to the event. (8) One study has reported that the housing demolition of the 1970s has continued to influence low-birth

weight incidence up the current millennia, the authors postulating that the inter-generational impacts of the residual stress from housing displacement may also lead to low-birth weight of infants, several generations after the event. (10)

Housing insecurity impacts upon child health whereby it has been found to be associated with poorer health, lower weight and developmental risk in young children. (4) Existing evidence also suggests that housing relocation causes considerable challenges for children secondary to the fragmentation of relationships with peers, child educators and other significant people as well as impacting upon the child's access to care and supervision often provided by community support networks. (6)

Studies have found that displaced and relocated children/adolescents face challenges with regard to peer integration and that this potentially leads to marginalization. (6) Stressors faced by parents, secondary to housing displacement,

can have impacts on the health of their children. Evidence indicates that the mental and physical wellbeing of the parent impacts upon the health of the child. Specifically within the context of disrupted social support networks, parents are less likely to care for their own health needs.

Thus, primary care-givers may experience

health-related problems that compromise the health and wellbeing of their children. (6)

Those who are at risk also include other vulnerable groups such as longer-term residents, the elderly, intellectually disabled and marginalized groups. (7)

Health-related facts specific to Pomare

Pomare has a high number of lower income residents who tend to be younger compared to the rest of the population. The age breakdown shows that 36% are under 15 years and 84% of the population is under 45 years of age. Unhealthy young children grow up to be unhealthy adults due to learned behaviours from adults and environmental exposures such as cigarette smoking and mouldy housing¹.

Age	0-4	5-14	15-24	25-44	45-64	65+
Total	323	790	558	910	409	91
Percentage	10%	26%	18%	30%	13%	3%

Source: *Piki te Ora ki Te Awakairangi 'Services to Improve Access Report' 2003*

Māori and Pacific peoples compared to non-Māori /non-Pacific have been found to have higher prevalence of:

- Fizzy drink and fast food consumption
- Second-hand exposure to smoke
- Smoking
- Hazardous drinking
- Problem gambling
- Child and adult obesity
- Asthma

Māori and Pacific peoples compared to non-Māori/ non-Pacific have been found to have lower levels of:

- Children between 2-14 years eating breakfast at home
- Vegetable intake
- Medical insurance²

Potential extra household costs arising from relocation can have negative health impacts

There is evidence to suggest that displaced residents face extra household costs secondary to relocation and that this can have negative health impacts.

Residents displaced from public housing face considerable challenges with regard to replacement housing. Rents are also likely to be more expensive in private housing, resulting in

families prioritizing their income on housing at the expense of other necessities such as food and power. Access to health care may also be compromised due to the lack of availability of proximate service-providers as well as lack of affordability of healthcare costs resulting in negative health effects. (6)

Evidence also suggests that social support networks provide job-seeking resources and thus, loss of such networks compromises opportunity for employment. In addition to this, housing displacement and relocation may impact upon access to childcare provided by other community residents causing further challenges toward obtaining employment. (6)

Comments specific to Pomare

- The average weekly rent in Pomare is \$134
- Pomare median income is \$17,900
- Unemployment is relatively high at 8%³

Displaced residents require a range of supports to mitigate negative health impacts

Residents have been found to require a range of supports in order to mitigate the negative health impacts of housing displacement and relocation. (6)

Many residents who are displaced and relocated must struggle with the psychological traumas related to community dispossession and uprooting. (3, 6)

Evidence also suggests that housing displacement and relocation threatens the geographically entrenched social ties that help to mitigate the adverse health impacts of socioeconomic determinants of health. (6) The

pooling of resources and exchange of services, for example, childcare, helps to mitigate socioeconomic disadvantage and related health impacts thus providing fundamental support for health and healthcare. (6)

The stressors impacting upon displaced residents in conjunction with the loss of community-based resources that sustain health and wellbeing require a range of external supports in order to mitigate the negative health impacts of housing displacement and relocation. The provision of extra supports for those most vulnerable groups described above will also require considerable resources across the sectors.

Comments specific to Pomare

The number of homes that HNZN plan to demolish will result in a considerable number of families within Pomare facing significant risks to health and wellbeing. Any adverse health effects will have a disproportionate impact upon already vulnerable Māori and Pacific families. In conjunction with this, the dispossessed community left behind is likely to require a number of supports to mitigate adverse health impacts.

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