

Editorial

Where We Live Matters: Housing as a Determinant of Health

Abdullah Al Mamun

Editor-in-Chief, Health Dynamics

Article history

Received: 28 September 2025

Revised: 29 September 2025

Accepted: 29 September 2025

Published Online: 30 September 2025

***Correspondence:**

Abdullah Al Mamun

Address: Health Dynamics.

Email: aamfst@gmail.com**How to cite this article:** Mamun AA.Where We Live Matters: Housing as a Determinant of Health. *Health Dynamics*, 2025, 2(9), 366-367.<https://doi.org/10.33846/hd20903>

Copyrights: © 2025 by the authors. This is an open access article under the terms and conditions of the Creative Commons Attribution – NoDerivatives 4.0 International (CC BY-ND 4.0) license (<https://creativecommons.org/licenses/by-nd/4.0/>).

Housing is far more than a physical structure—it is a foundation for health, dignity, and social equity. Yet, despite being recognized as a fundamental human right, adequate housing remains inaccessible for billions of people. Poor housing conditions are not merely uncomfortable—they are dangerous. The connection between inadequate housing and adverse health outcomes is well established. Exposure to mold, poor indoor air quality, overcrowding, and insufficient heating or cooling can lead to respiratory diseases, cardiovascular problems, and mental health disorders. Substandard housing also increases injury risks and contributes to the spread of infectious diseases. The burden falls disproportionately on low-income and marginalized communities, compounding health inequities and increasing long-term healthcare costs. Recognizing this, the WHO's Housing and Health Guidelines provide actionable, evidence-based strategies to improve housing conditions and mitigate associated health risks. These include recommendations for better thermal insulation, air quality management, injury prevention features, and accessibility enhancements. However, while guidance exists, implementation often lags. Housing remains an underutilized but powerful lever for public health improvement.

Recent studies continue to advance our understanding of housing as a social determinant of health.⁽¹⁾ A growing body of interdisciplinary work underscores how structural factors—economic inequality, urban policy, climate change, and historic injustices like redlining—shape the housing landscape. In doing so, they influence who gets to live in safe, stable, and health-promoting environments. This relationship is complex, but critical to unravel. A useful framework identifies three key pillars that shape health through housing: affordability, security, and suitability. Affordability ensures individuals are not overburdened by housing costs, allowing them to meet other basic needs. Security protects residents from eviction, harassment, or displacement, while suitability relates to the physical quality and appropriateness of the dwelling to meet diverse needs, including accessibility and safety.

Importantly, housing intersects with climate change both as a source of vulnerability and a potential site for resilience. Poorly constructed housing exacerbates exposure to extreme heat, cold, and air pollution—all of which are intensifying with climate change. But well-designed, sustainable housing can reduce emissions, protect health, and build community resilience.⁽²⁾ Integrating climate considerations into housing policy—while ensuring equity—is essential to avoiding solutions that inadvertently reinforce disparities, such as green gentrification that displaces low-income residents in the name of sustainability. In high-income countries like the United States, the housing crisis is both acute and

multifaceted. Housing affordability has plummeted over recent decades, with over half of low-income households spending more than 50% of their income on rent. Residential stability is threatened by eviction, foreclosure, and natural disasters, while systemic discrimination restricts housing options for racial and ethnic minorities. As a result, affluent Black families often live in neighborhoods with higher poverty than even poor white families. These structural inequalities manifest directly in health disparities, from higher asthma rates in substandard housing to elevated stress and mental illness linked to housing instability.

The public health literature is increasingly attentive to these dynamics, but more work is needed to connect the dots. Most studies have focused on specific housing exposures—such as mold or crowding—and their individual health effects. What is lacking is a holistic view that integrates physical, social, and psychological dimensions of housing and traces their cumulative impacts across the life course. Moreover, insights from other fields like sociology, urban planning, and history remain underutilized in public health. Concepts like redlining, exclusionary zoning, or the legacy of housing discrimination are essential to understanding current disparities but are often absent from mainstream health discourse. We must also broaden our understanding of what constitutes housing inadequacy. Homelessness is an extreme form of housing deprivation, but many housed individuals still experience harmful conditions—from temporary shelters with poor sanitation to rental units lacking heating or ventilation. These environments undermine health and fail to meet basic standards of dignity and stability. Legal rights to shelter, as seen in parts of New York, are important, but if those shelters are unsafe or unfit for long-term habitation, they fall short of supporting health.

Beyond physical structures, housing affects health through psychosocial pathways. A stable and secure home fosters autonomy, identity, and a sense of control—elements linked to mental wellbeing. Research has shown that subjective experiences of housing, such as feelings of safety or empowerment, can significantly influence health, particularly for low-income renters. Housing that offers not just shelter, but a genuine sense of "home," supports what sociologists term "ontological security"—the psychological stability derived from having a reliable base in the world.⁽³⁾ This nuance is

particularly important amid shifting housing patterns. Since the global financial crisis, homeownership rates have declined across many countries, leading to a rise in renting. For these growing populations, issues like tenure insecurity, poor landlord practices, and lack of control over one's living space contribute to stress and social isolation, with clear health consequences. As such, the role of landlords and housing authorities in shaping the health-promoting potential of rented housing cannot be ignored.

Ultimately, housing policy must be recognized as health policy. To meaningfully address the social determinants of health, governments must invest in housing systems that prioritize affordability, security, and quality—not only as economic or urban planning issues, but as public health imperatives. A multisectoral, equity-driven approach is needed—one that combines climate resilience, health-based housing standards, and inclusive development strategies. A vision for healthy housing must go beyond fixing immediate physical hazards to address deeper systemic issues. This includes reevaluating housing codes through a public health lens, creating integrated standards that account for affordability, habitability, and neighborhood conditions. Only by doing so can we close the gap between health research and housing policy, and ensure that all people—regardless of income, race, or geography—have access to a home that truly supports health and wellbeing. It is time for housing to take its rightful place at the center of health equity and sustainable development agendas.

Competing Interests

The authors declare no conflict of interest.

REFERENCES

1. Swope CB, Hernández D. Housing as a determinant of health equity: A conceptual model. *Social Science & Medicine*. 2019;243:112571. <http://dx.doi.org/10.1016/j.socscimed.2019.112571>
2. Rana K. Sustainable Housing as a Social Determinant of Health and Wellbeing. *Sustainability*. 2025;17(16):7519. <http://dx.doi.org/10.3390/su17167519>
3. Rolfe S, Garnham L, Godwin J, Anderson I, Seaman P, Donaldson C. Housing as a social determinant of health and wellbeing: developing an empirically-informed realist theoretical framework. *BMC Public Health*. 2020;20(1):1138. <http://dx.doi.org/10.1186/s12889-020-09224-0>