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Public housing and healthcare use: Determining whether public housing functions as an intervention using linked population-based administrative data

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Introduction

Public housing is a form of subsidized housing that is owned and/or managed by government. Previous research suggests that public housing has a positive impact on personal finances and education outcomes, but less is known about if/how it impacts health and healthcare use.

Objectives and Approach

Using linked administrative health and social data, we tested for changes in healthcare use among a cohort who moved into public housing in 2012 and 2013 in Manitoba, Canada, and compared utilization to a matched general population cohort who did not move into public housing. Generalized linear models with generalized estimating equations tested for differences in numbers of healthcare contacts in the years before and after the move-in date, adjusted for economic, residential mobility, and health characteristics. The data were modeled using a Poisson (rate ratio, RR), negative binomial (incident rate ratio, IRR), or a binomial (odds ratio, OR) distribution.

Results

There were 2619 residents in the public housing cohort; 99.7% were matched to the general population. The cohort by time interaction was statistically significant for inpatient days (p

Conclusion/Implications

Public housing residents were more likely to use healthcare services than the matched population, but changes in use were similar in the two cohorts. There is little evidence that public housing impacts healthcare use, but it serves an important function of meeting basic needs for a vulnerable population group.

