



Review article

The threat of home eviction and its effects on health through the equity lens: A systematic review



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ABSTRACT

The aims of this review are to gather and systematize the currently available evidence on the effect of the threat of eviction on health and its eventual spillover effects, to assess the quality of the selected studies, and to describe how these findings vary with respect to dimensions of social inequity. We conducted a literature search in March 2016, which yielded 2208 unduplicated articles. The title, abstract and full text of these articles were reviewed by three independent pairs of researchers. We performed a quality assessment of each article, and evaluated whether health inequities had been considered. We selected 47 articles for this review, of which 86% were from Anglo-Saxon countries (mainly the US), and 75% were published after 2009. Most studies used either a cross-sectional (32%), cohort (28%), or qualitative (17%) design. The majority (55%) assessed mental health as a key health indicator, and a notable proportion assessed physical health (38%) and health-related behaviours (19%). Many of the studies evaluated more than one of these health indicators. The average quality score was 7.4 (SD = 1.5). Evidence from these selected articles revealed a general consensus that individuals under threat of eviction present negative health outcomes, both mental (e.g. depression, anxiety, psychological distress, and suicides) and physical (poor self-reported health, high blood pressure and child maltreatment). However, the distribution and extent of these outcomes depend on inequity dimensions such as gender, age, ethnicity and territory. Furthermore, qualitative studies highlighted some of the pathways that may connect the threat of eviction with its health outcomes. The threat of eviction will likely continue to be a major issue in the coming years, so it is important to conduct further research to create effective interventions and courageous policies to tackle this problem.

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1. Background

Housing insecurity is a severe and growing problem worldwide. It encompasses many dimensions, such as housing mobility, housing instability, lack of privacy, and lack of belonging to a community, all of which reflect lack of control over where one lives and loss of ontological security (Hulse and Saugeres, 2008). Of all scenarios that can be described as housing insecurity, risk of losing one's dwelling or being evicted is one of the most important. The

European Typology on Homelessness and Housing Exclusion (ETHOS), considers that the threat of eviction due to problems in paying the rent or mortgage is a main category of housing insecurity, together with living in insecure accommodation (e.g. illegal occupation) and living under the threat of violence (Amore et al., 2011; Edgar, 2009). The threat of eviction ranges anywhere from mortgage or rent arrears to actually being evicted (the final consequence of the process), and is currently one of the most serious economic and legal housing-related problems (Hernández Pedreño, 2013).

As well as affecting wellbeing and health, this situation also contributes to health inequities (Bennett et al., 2009; Novoa et al., 2014). Based on a previous framework developed by the World

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Health Organization, Nova et al. proposed a theoretical framework where access to adequate housing is determined by structural policies and the characteristics of the housing system. More specifically, access to adequate housing has both legal and economic aspects, the physical aspects of housing itself, as well as the characteristics of the neighbourhood. These issues are related to affordability problems and housing insecurity (including the threat of eviction), and can influence an individual's health to varying degrees, depending on various inequity dimensions (gender, age, social class and ethnicity) (Marí-Dell'Olmo et al., 2016; Nova et al., 2014). This latter issue has been widely described, and disadvantaged groups are generally found to have poorer health outcomes than more advantaged groups. This is due to greater exposure (e.g. to poor housing conditions) and greater susceptibility to poor health (Marmot et al., 2008; Navarro and Benach, 1996; Rose and Marmot, 1981).

The threat of eviction has increased since the onset of the sub-prime crisis in 2007, and now affects millions of families. For instance, the number of foreclosure filings in the US (default notices, scheduled auctions and bank repossessions) increased from 717,532 in 2006 to a maximum of 2,871,891 in 2010. These numbers have declined significantly since 2010, but remain high compared to the pre-crisis period (1,083,572 foreclosure filings in 2015) (RealtyTrac, 2015). This problem is also important in Europe, with Southern Europe being the most seriously affected region. For instance, in 2012 the prevalence of having to leave the house within a six-month period due to economic issues was 14.5% in Greece, 10.5% in Portugal, 10.3% in Cyprus and 7.1% in Spain (9.7, 5.5, 6.7 and 1% more than in 2007, respectively). In Spain, 630,896 foreclosures were initiated, and 430,403 evictions ordered between 2008 and the third quarter of 2015 (Banco de España, 2015; Consejo General del Poder Judicial, 2015; The Foundation Abbé Pierre - Feantsa, 2015).

The threat of eviction is considered an important public health problem that urgently needs to be addressed (Daponte et al., 2016). Evidence on the relationship between this determinant and health has increased in recent years, but remains low compared to other aspects of housing and health. For instance, two previous reviews showed the negative effects of foreclosure and the eviction process on health; in both cases most of these findings were from the US (Downing, 2016; Tsai, 2015). As the social and economic crisis continues to affect disadvantaged populations in many countries, predominantly in Southern Europe, there is a continuous increase in the amount of research being done in this field. Thus, the aims of this systematic review were to gather and systematize all known evidence on the effect of the threat of eviction on health, and the eventual spillover effects of localized foreclosure activity; to assess the quality of the evidence; and to describe how these findings vary with respect to inequity dimensions (these last two have not previously been done). Regarding this last objective, this review looks at this problem through an equity lens based on social determinants of health and health inequities (Comisión para Reducir las Desigualdades Sociales en Salud en España, 2012; Solar and Irwin, 2010). This approach provides profound insights into health inequities by uncovering these systematic, avoidable and unfair differences in health outcomes between social groups, even among those affected by the threat of the eviction (Kawachi et al., 2002; Whitehead and Dahlgren, 2006). Finally, while this review is in some ways similar to previous ones, as expected, we used a construct, namely "the threat of eviction", in order to broaden the focus to all stages of the process of losing a dwelling (considering early stages such as housing payment arrears, unlike in the review by Tsai et al.) and on both homeowners and renters (unlike Downing's review, which considered only homeowners), in order to better address other different contexts to US (Downing, 2016;

Tsai, 2015).

2. Methods

2.1. Search strategy and study selection

We conducted a literature search according to the recommendations of the PRISMA revision of 2009 (Urrútia and Bonfill, 2010). The search was performed in March 2016 using the following databases: MEDLINE, Scopus, PsycINFO, Web of Science (Science Citation Index Expanded (ISI), Social Sciences Citation Index (SSCI) and SciELO), ProQuest (International Bibliography of the Social Science (IBSS), EconLit and ProQuest Health & Medical Complete) and Science Direct. It included papers written in English, French, Spanish, Portuguese, and Italian, and had no restriction on publication date. To capture articles related to the threat of eviction and health, the search syntax was adapted accordingly for each database. Subject headings, keywords and search syntax are detailed in Appendix 1. The search resulted in a total of 3304 papers (MEDLINE 749, Scopus 530, PsycINFO 408, Web of Science 468, ProQuest 605, and Science Direct 544), of which 2208 were unduplicated.

These articles were evaluated according to the process shown in Fig. 1. To exclude papers related to other fields such as animal studies, molecular biology, and computer science, H.V. reviewed the unduplicated papers by title. This screening process reduced the number of papers to 1,366. Three independent pairs of researchers then reviewed the selected articles (1,366) by title and abstract, and then by full text (122). We established the following selection criteria: 1) We included only peer-reviewed empirical studies (using quantitative or qualitative methods). 2) The studies must have included, as an independent variable, threat of eviction as a consequence of economic issues such as mortgage or rent arrears, foreclosure (the legal process that leads to a repossession or eviction), and/or evictions. We excluded studies that only addressed eviction in relation to homelessness, domestic/partner violence (a type of housing insecurity), and/or causes other than payment problems (e.g. illegal settlements). 3) These studies must have analysed at least one health outcome as a dependent variable (e.g. mental or self-reported health, cardiovascular diseases, child maltreatment, etc.), evaluated health behaviours such as smoking, physical activity and obesity, or discussed the pathways and mechanisms involved. We also excluded articles that only included health care usage or access to health care as a health outcome. While this variable can be used as a proxy for a population's health status, it is not a direct health indicator, and could be influenced by other factors such as type of coverage, barriers to access, cultural patterns, etc., such that there might be important differences between countries according to their health care system. We also excluded articles that only analysed health problems as a cause of housing insecurity. Finally, a third independent researcher resolved any discrepancies between reviewers.

Furthermore, we manually searched the references from all of the selected articles, as well as those from a review article found by the initial search (Tsai, 2015). As a result, we included two new studies that met the selection criteria.

2.2. Data extraction

We extracted data related to 4 dimensions: 1) study characteristics, namely author, publication year, data collection year, country, main objective, type of design, and level of analysis (individual, aggregated or multilevel); 2) housing variables related to the threat of eviction; 3) health measures; and 4) analysis of health inequities. We considered the latter dimension to evaluate our hypotheses that the threat of eviction has a greater effect on health in more

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