

# Housing Tenure, Health and Public Healthcare Coverage in Ireland

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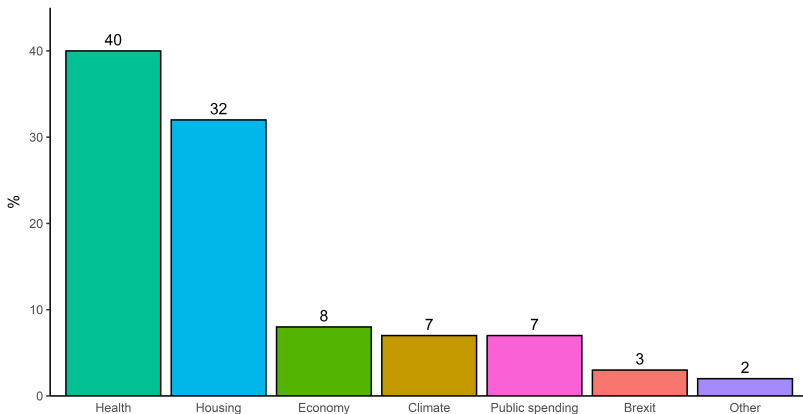
## 1. Housing and Health Planning (HHP) Model

- Provide precise estimates of the potential healthcare demand implications of new housing developments
- Estimate commensurate supply (WTEs/beds) to meet new demand
- Builds on ESRI's Hippocrates Model of healthcare demand, supply, and expenditure

## 2. Housing Tenure, Health and Healthcare Coverage in Ireland

- Profile the relationship between housing tenure, health outcomes, and public healthcare coverage in Ireland
- Inform health and residential composition parameters for model

# Housing Tenure, Health and Healthcare Coverage in Ireland



Source: Irish Times/Ipsos MRBI opinion poll, General Election 2020.

**Figure 1:** *“Which of the following issues will have the most influence on which party or candidate you vote for in the upcoming election?”*

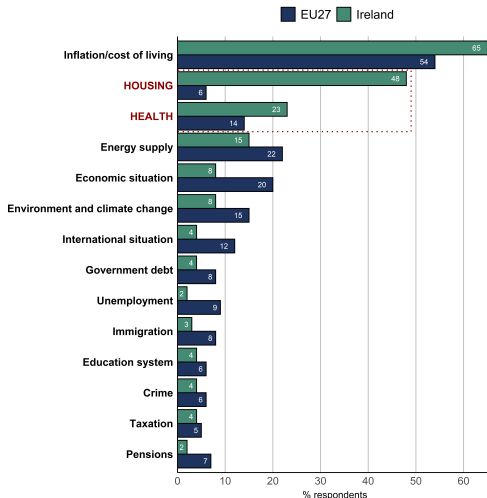


Figure 2: “What do you think are the two most important issues facing our country at the moment?”

Health outcomes in Ireland are among the best in Europe. However, the healthcare system is complex:

- No universal healthcare – unique in a European context (Wren & Connolly, 2019)
- Mixture of public and private providers and financing structures
- No systematic resource allocation mechanism
  - Large inequalities in the supply of health and social care services across regions in Ireland (Smith, Walsh et al., 2019)
  - Lower relative supply in Dublin commuter belt, South-East
  - Difficult to equitably and efficiently allocate healthcare resources
  - Population-based resource allocation to be introduced in 2024

- 31% hold a medical card
- 11% hold a GP visit card entitling free GP care
- 47% hold private health insurance

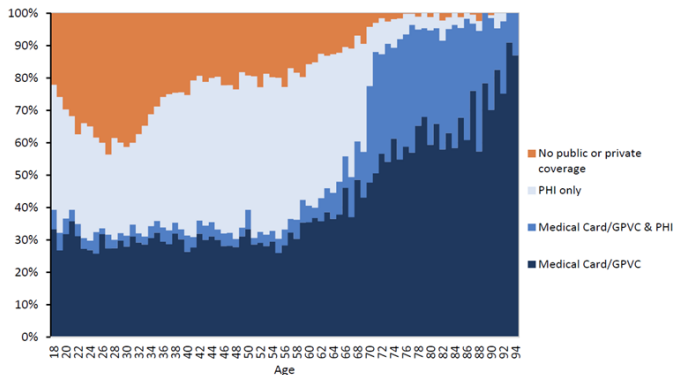


Figure 3: “Healthcare coverage across age”

- Medical cardholders entitled to free\* healthcare services (e.g. GP, public hospitals; dental, reduced prescription costs)
  - Eligibility primarily based upon a household income-means test
- Studies shown medical cards increase healthcare utilisation
- No evidence medical cards/GPVCs improve health outcomes, but reduce financial stress (Ma, Nolan, Smith 2020)
- Medical cards reduce healthcare costs for those with chronic illnesses (multimorbidity) by 2/3s (Larkin, Walsh, et al. 2022)
- Eligible individuals who do not take up a medical cards have healthcare costs (incl. PHI) €700 higher per annum (Keane, Regan, Walsh 2022)



- 'Housing and the built environment' recognised as key social determinants of health (World Health Organization)
  
- International evidence has shown housing to impact health outcomes via three primary channels:
  1. Housing quality (Rolfe et al., 2020)
  2. Neighbourhood characteristics (Meyer et al., 2014; Kivimäki et al., 2021)
  3. Security of tenure (Bentley et al., 2016; Munford et al., 2020)

- Poor quality housing is linked with poor health outcomes:
  - Dampness/mould increase respiratory infections (Orr et al., 2016; Gibney et al., 2018; Laurence et al., 2023)
  - Overcrowding, housing deprivation, tenure precarity impact mental and physical health (esp. in private rental market - Grotti et al., 2018)
- Public housing & healthcare supports arms of social welfare system: some synchronicity may be expected
- Public healthcare dealt with at a national level. Social housing & Housing Assistance Payment (HAP) vary across local authorities

- EU-SILC (Survey on Income and Living Conditions) 2007-2021 dataset used in the analysis
- Descriptive analyses on ages 18+. Examine health and medical card coverage across housing tenure type, age, and employment status

## Subjective and Objective Health Outcomes

### 1. Self-reported health

- *"How is your health in general?": 'very good' or 'good' vs. 'fair', 'bad' or 'very bad'*

### 2. Chronic (long-standing) illness or condition

- *"Do you suffer from/have any chronic (long-standing) illness or condition (health problem)?"*

## We examine 3 housing tenure groups

### 1. Home ownership group

- Includes homeowners and those who live in a home with a homeowner
- Includes outright ownership and owned via mortgage

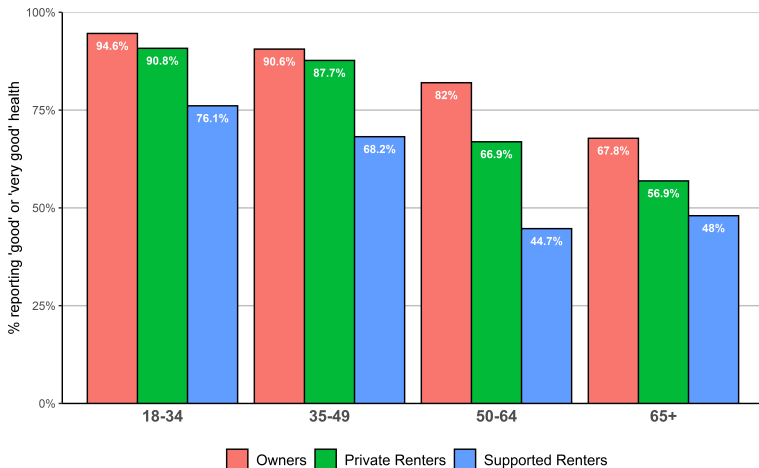
### 2. Private rental market

### 3. Supported rental market

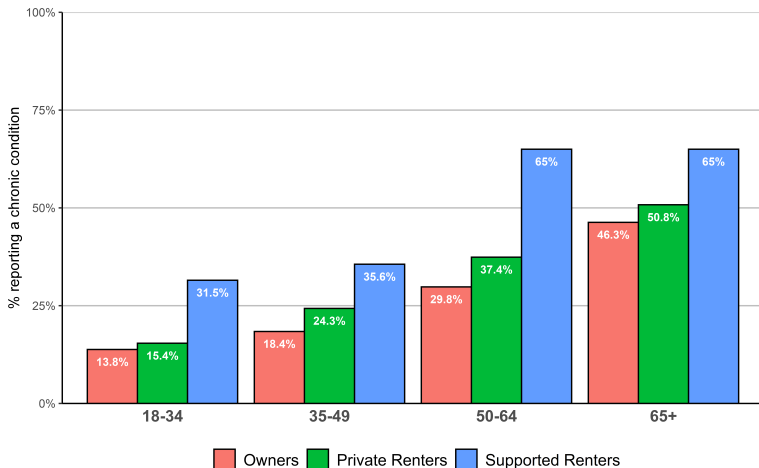
- Direct housing from local authorities or approved housing bodies
- Indirect State provision/rent supports: e.g. HAP, Rental Accommodation Scheme
- Includes renters with HAP who rent from private sector

# Housing Tenure, Health and Healthcare Coverage Results

# Self-Reported Health by Tenure

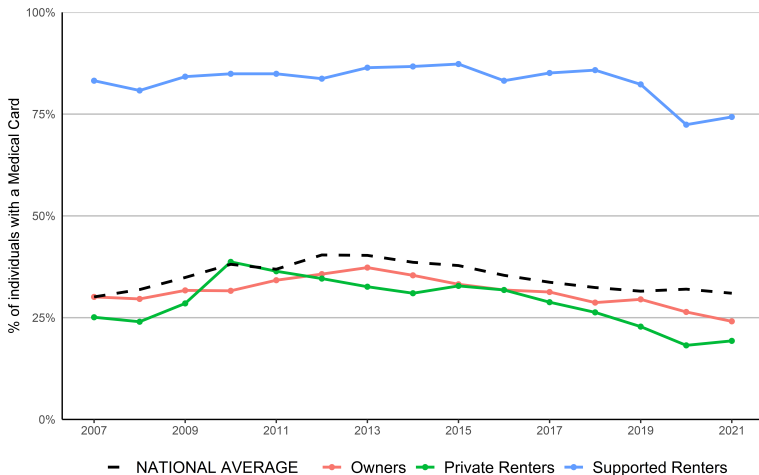


*Figure 4: Percentage of individuals with good or very good self-reported health by tenure type and age group, 2021 (aged 18+)*



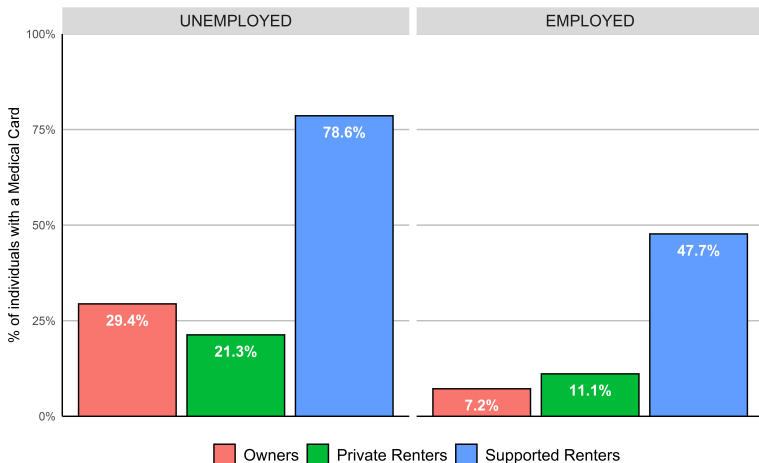
*Figure 5: Percentage of individuals with a chronic illness by tenure type and age group, 2021 (aged 18+)*

# Medical Card Coverage by Tenure

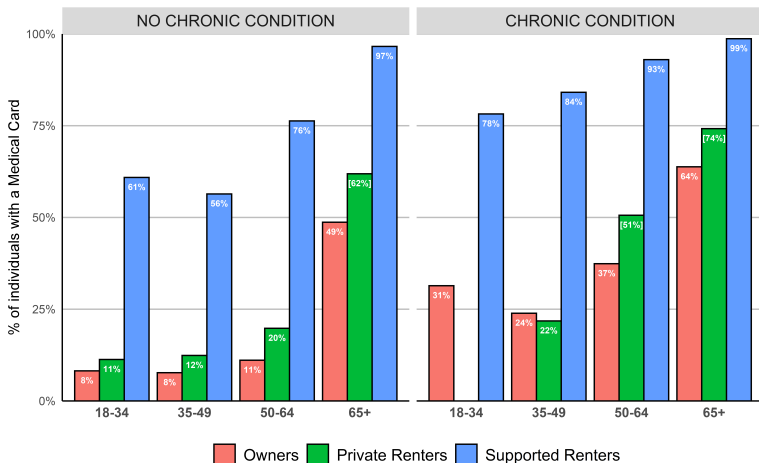


**Figure 6:** *Percentage of individuals with a medical card by tenure type, 2007-2021 (aged 18+)*



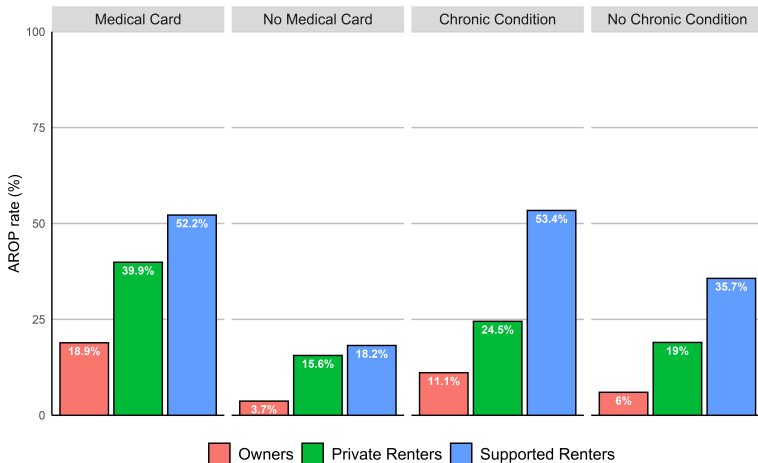


**Figure 7:** *Percentage of individuals with a medical card by tenure type and employment status, 2021 (aged 18-64)*



**Figure 8:** *Percentage of individuals with a medical card by tenure type, age group and chronic illness status, 2021 (aged 18+)*

# Tenure, Medical Cards & Poverty Risk



*Figure 9: After housing cost AROP rates by tenure type and medical card and chronic illness status, 2021 (aged 18+)*

Large variations in health and healthcare coverage across tenure groups in Ireland

## **Supported Renters**

- Supported renters, esp. those who are older, unemployed, or with a chronic illness have high medical card coverage rates
- Supported renters have highest demand for healthcare
- Majority of employed supported renters have no medical card
  - High risk of poverty, low income
  - Renters whose income is solely derived from social welfare are automatically entitled to a medical card
  - People gaining employment can keep medical card for 3 years if they were receiving social welfare (12 months)

## Private Renters

- Lower medical card coverage than homeowners, falling from 33% in 2015 to 19% in 2021
- Many private renters with a chronic illness are AROP, however, they lack a medical card
- A quarter of older (65+) private renters with a chronic illness lack a medical card
- High rental costs, together with potentially higher healthcare costs, prohibits transition into homeownership

- Divergence between public housing and healthcare supports
- Medical card income thresholds essentially stagnant since 2005
  - Median HH income increased by 33%, other social welfare thresholds by 50%
  - HAP income limits now much higher than medical card
  - Do private renters know that rent is an allowable expense?
- Incorporating healthcare needs more into medical card eligibility
- Sláintecare!
  - Healthcare supply becomes the constraint
- Housing for All?

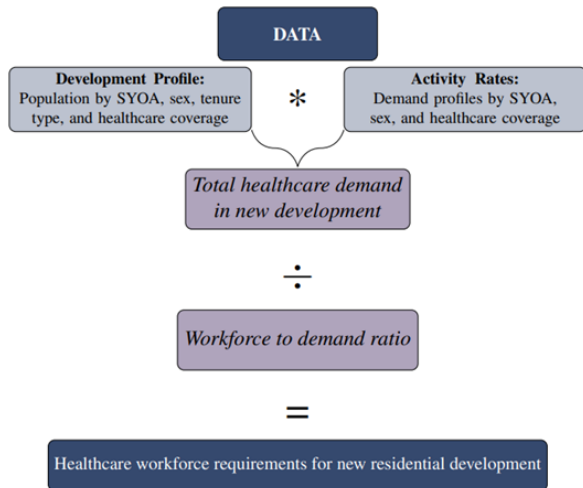


Figure 10: Diagrammatic representation of the operation of the HHP model.