

Household tenure and its associations with multiple long-term conditions amongst working age adults: a cross-sectional analysis using linked primary care and local government records

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Background

The increasing number of individuals living with multiple long-term conditions (MLTCs) is a huge public health challenge both globally and in the UK. MLTCs are more prevalent, have earlier onset, and are more likely to include mental health conditions for residents of more deprived areas. However, the influence of household-level social determinants of health have received little attention. This is despite evidence suggesting that risk factors for MLTCs cluster within households.

We aimed to quantify associations between household tenure – whether someone privately rents, rents from social housing, or owns their property – and different definitions of MLTCs amongst working age adults.

Methods

This cross-sectional study used the 2019/2020 wave of a novel dataset linking individual and household data across health services and local government for a deprived borough in North East London. Three definitions of MLTCs were operationalised: basic MLTCs (defined as two or more long-term conditions within an individual), physical-mental MLTCs (basic MLTCs where one condition is physical and one is depression or anxiety), and complex MLTCs (three or more long-term conditions affecting three or more different bodily systems). Multilevel logistic regression modelling was used to explore associations between tenure and MLTCs prevalence for working age adults (16-64 years old, inclusive).

Findings

Prevalence of basic, physical-mental and complex MLTCs was 18.0%, 4.8% and 6.0%, respectively. In unadjusted analyses, prevalence of all definitions of MLTCs was greater with increasing age, for women and individuals of white ethnicity. Compared to working age owner-occupiers, odds of basic MLTCs were 36% higher for social housing tenants (OR 1.36, 95% CI 1.31-1.42) and 21% lower for private renters (OR 0.79, 95% CI 0.75-0.83) after adjusting for a range of health behaviours, and socioeconomic and demographic factors. Results were consistent across MLTCs definitions, although stronger for social housing tenants with physical-mental MLTCs.

Findings

This study finds strong evidence that household tenure is associated with MLTCs, emphasising the importance of understanding and addressing household-level determinants of health. Our findings suggest that resources to prevent and tackle MLTCs could be differentially targeted by tenure type and that working age adults are an important population to consider in preventative strategies that address social determinants of health. Further research should employ longitudinal research methods to assess causal relationships between household social determinants such as tenure and prevalence of MLTCs.

