



## How do housing asset and income relate to mortality? A population-based cohort study of 881220 older adults in Canada

Park, Gum-Ryeong. "How do housing asset and income relate to mortality? A population-based cohort study of 881220 older adults in Canada." *CRDCN research-policy snapshots*. January 2023

### What the researcher(s) did

Using the population-based linked dataset (2011 Canadian Census Health and Environment Cohorts) of 881,220 older adults over six years of follow-up (2011–2017), this study uses survival analysis to estimate the link between housing assets, income level and mortality.

### What the researcher(s) found

Housing asset and income levels were concurrently associated with mortality risks among Canadian older adults. Compared to older adults who are neither housing asset poor nor income poor, older adults who are both housing asset- and income poor are the most vulnerable to mortality risks.

### RDC Datasets used

**Canadian Census Health and Environment Cohorts (CanCHEC)**

### Policy areas this research can inform

- Health
- Income, pensions, spending and wealth
- Population and demography
- Statistical methods

### Policy implications of this research

This work emphasizes the importance of income supports to offset income insufficiency in older adults. The findings of this study can inform social policies aiming to enhance income adequacy in this population, by identifying factors that drive income poverty in older adults. Moreover, the researchers indicate that asset rich but income poor groups experience higher mortality rates, stressing the importance of balancing housing and income policies in this population. The researchers suggest policy measures for capitalization of housing assets (e.g., reverse mortgage) to reduce financial insecurity in older adults.

### Read the full article

Park, G-S., Grignon, M., Young, M., & Dunn, J.R. (2022). How do housing asset and income relate to mortality? A population-based cohort study of 881220 older adults in Canada. *Social Science & Medicine*, 314, 115429. doi:10.1016/j.socscimed.2022.115429

