
POSTER ABSTRACT**Housing Associations as Partners in Reducing Health Inequalities:
Leadership Perspectives from the UK**

International Conference on Integrated Care (ICIC26), Birmingham, 13-15 April 2026

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Background: In the UK, research has consistently shown housing to be a key determinant of health, with poor conditions and insecurity contributing to inequalities in life expectancy and wellbeing (Marmot et al., 2010; Marmot, 2020). Existing evidence has largely focused on the health impacts of physical housing interventions (Thomson et al., 2017; Gibson et al., 2021) or individual case studies of good practice (National Housing Federation, 2021). Less is known about how housing associations themselves, as organisational actors and anchor institutions, perceive their role in tackling health inequalities.

This study offers exploratory insights into that under-examined area by capturing the perspectives of housing association leaders across a range of organisational roles and contexts. While modest in scale, it provides a systematic snapshot of current priorities, initiatives, and perceived barriers that can inform further research and policy discussion.

Approach: An online survey was distributed to housing association leaders in England, generating 29 responses. Participants represented a wide spread of roles, including Chief Executives, Directors, Heads of Neighbourhoods, Housing Operations leads, Research & Policy Managers, and Tenant Support Leads. This enabled perspectives to be captured from both senior strategic leaders and those working closer to operational delivery and tenant engagement. The survey explored views on the importance of health inequalities, organisational initiatives, challenges, and future priorities.

Results: Respondents almost unanimously agreed that health inequalities have a major impact on tenants' quality of life. Contributing factors included housing quality, employment and income insecurity, mental and physical health needs, and environmental issues. Over half reported that their organisations had initiatives in place; such as safe housing improvements, mental health support, tenant education, and community partnerships.

However, participants also described barriers including limited funding, policy constraints, and difficulties engaging tenants, especially on sensitive issues such as mental health and substance misuse. Respondents highlighted the need for better access to local health data, tenant health

assessments, and evidence of effective practice. Priority areas identified for future focus included mental health support, safe housing conditions, employment support, and cross-sector collaboration.

Implications: The findings suggest that housing associations see themselves as important contributors to health equity but face structural and resource constraints that limit their capacity. For integrated care systems, the study highlights the importance of:

Embedding health equity in housing organisations' strategies (Marmot et al., 2010; NHS England, 2019)

Improving data sharing and integration across housing, health, and care (The King's Fund, 2022)

Investing in workforce skills to support inclusive practice (NHS Confederation, 2021)

Recognising housing as a site of prevention within population health approaches (Buck and Gregory, 2018)

For international delegates, this exploratory research provides early evidence of how non-health actors, such as housing associations, perceive their role in tackling inequalities. It highlights opportunities for collaboration and underscores the need for structural alignment and investment to maximise housing's contribution to population health.