







Housing Affordability and Quality

A COMMUNITY DRIVER OF HEALTH

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About this report

In February 2020, a Health Policy Leadership Summit was held in Washington, D.C., where experts in the fields of public health and health care discussed research and analyses on economic and social conditions that influence health. Experts also discussed evidence-based policy opportunities to improve the health of communities. This paper represents housing and health discussions at the 2020 Policy Leadership Summit and subsequent updates made by the authors in 2020 and early 2021.

The views and opinions expressed herein do not necessarily represent the official views of the summit sponsors and should be attributed to the authors rather than to American Public Health Association, AcademyHealth, or Kaiser Permanente.

Flournoy, R., Reddy, A., Stagg, K., Davis, V., Haggerty, R., and Grossman, D. (2021). Housing Affordability and Quality: A Community Driver of Health. American Public Health Association, AcademyHealth, and Kaiser Permanente.

Acknowledgements

We acknowledge the generous support of American Public Health Association, AcademyHealth, and Kaiser Permanente for their sponsorship of the 2020 Health Policy Leadership Summit. We thank everyone who attended and contributed to the robust discussion that occurred at the Summit. We thank Georges Benjamin and Susan Polan (APHA); Lisa Simpson and Margo Edmunds (AcademyHealth); as well as Bechara Choucair (Kaiser Permanente) for hosting the 2020 Health Policy Leadership Summit. We thank Jessica Venegas, from Community Solutions, and Holly Pearson, Cecilia Oregón, John Vu, Shannon McMahon, and members of the Housing Policy Workgroup at Kaiser Permanente for their contributions. We also thank affordable housing and homelessness advocates who shared their perspectives and recommendations during interviews in 2020. Finally, we thank Susannah Frances Patton, Jake Abarca, and Brenton Lee for their thoughtful review of this manuscript.







Summary

Housing is a powerful platform for transforming and supporting people's health and well-being. For most Americans, homes provide security and shelter. However, homes that are unaffordable or poorly constructed or maintained can significantly impact residents' health and safety. Much more needs to be done to make homes affordable, safe, and healthy for all Americans. Fortunately, there are many approaches that can increase housing stability, support healthier home environments, improve health, and increase health equity.

Introduction

Housing affordability and quality impact health. Unstable housing situations increase the risk of poor health, affecting mental health and leading families to cut back on meals and postpone needed medical care.1 When faced with limited affordable housing options, people are sometimes forced to live in low-quality housing with possible lead exposure, poor ventilation, overcrowding, and other substandard conditions that can worsen health.² Others may be forced to relocate to areas that increase their commutes or have limited access to health-supporting parks and grocery stores.²

In some cases, low-income renters fall behind on rent and face eviction, which can result in homelessness, with particularly severe results. People experiencing homelessness face accelerated aging, which leads to unusually high rates of chronic illness and earlier deaths compared to the general population.³ Even without confronting homelessness, when faced with the threat of eviction, people are more likely to report poor health, high blood pressure, depression, anxiety, and psychological distress.⁴

Communities of color face significant housing challenges, a result of deep-rooted racial inequities that impact financial security. For example, from the 1930s through the 1970s, the federal government used a discriminatory, race-based housing loan appraisal system, referred to as redlining. This resulted in banks regularly denying loans to people of color and steering them away from many neighborhoods. Private real estate practices added to these challenges. At the same time, housing values rose in predominantly white neighborhoods, since residents had easy access to loans, and this helped white residents build wealth.5

Similarly, before the 2008 economic downturn, Black and Latinx borrowers were targeted by banks for mortgages with higher fees and interest rates than white borrowers with similar credit histories. As a result, many lost their homes to foreclosure when the housing market bubble burst.⁶

The COVID-19 pandemic is worsening housing challenges and racial inequities. Many people face housing-related stresses as unemployment soars, and people of color now face high risks of pandemicrelated economic challenges, housing insecurity, and greater exposure to poor housing conditions.⁷







Due to centuries of systemic racism, communities of color are less likely to own their homes and more likely to live in low-income neighborhoods and in substandard housing. Millions of renters in the U.S. could face eviction as a result of the pandemic, with communities of color disproportionately impacted.8 At the height of the unemployment crisis in April, the overall U.S. unemployment rate rose to 14.7%, with even higher rates for Latinx Americans (18.9%) and Black Americans (16.7%). Unemployment rates have dropped, but communities of color have been disproportionately impacted by wage and job losses. Without strong protections against evictions and rental assistance support, the pandemic will further compound economic and social disadvantages.

Staying home, a key approach to reduce risk, is not an option for people experiencing homelessness. As a result, they face an increased risk of contracting and transmitting COVID-19, compounded by high rates of underlying chronic conditions and acute illnesses, and stigma and discrimination that often makes it difficult to access services and supports. Crowding in homeless shelters would increase risks, so many homeless response organizations and policymakers have developed clear protocols and creative approaches to reduce or avoid this crowding, such as repurposing unused hotels to provide temporary shelter. Related to the systemic housing and economic challenges described previously, Black Americans, American Indians, Alaska Natives, Native Hawaiians, Pacific Islanders, and Latinx Americans experience homelessness at higher rates than white residents.¹¹

Stay-at-home orders can also pose challenges for residents living in substandard housing, with people of color disproportionately impacted.¹² For people living in unsafe environments, increased time at home has the potential to increase exposure to lead, asthma triggers, and other housing hazards at the same time that access to services to screen for and address these hazards has been limited by social distancing requirements.

Policymakers, advocates, public health experts, and health system leaders are working to address both immediate housing needs during the pandemic and long-term challenges. Many strategies hold promise for improving housing access, stability, quality, and safety in ways that will improve health and support greater racial and health equity.

Affordability and Access



Housing affordability and health

Unaffordable housing costs make it difficult for people to stay healthy. For example, low-income families in unaffordable housing situations are more likely to cut back on meals and postpone needed medical care than low-income families in stable housing. 13 Housing instability has been

associated with worse mental health, more physical health problems such as hypertension and heart disease, and increased health care utilization across the lifespan.^{1,14,15,16,17} In addition, unaffordable housing can make it difficult for individuals to move out of unsafe living conditions (e.g., domestic violence, crowded housing, or poor-quality housing). 18,19







For people who lose their housing, health impacts are particularly severe. People experiencing homelessness face more health challenges and more frequent hospitalization.³ Older people experiencing homelessness, an increasing proportion of the total homeless population, face disproportionately high rates of chronic illness and die at younger ages than the general aging population.²⁰

Studies are finding that better access to affordable housing can improve health and reduce health care costs. For example, one study found that increasing access to affordable housing decreased emergency department use by 18%, increased less expensive primary care use by 20%, and decreased Medicaid expenditures by 12%. The impacts were most dramatic for people experiencing homelessness, seniors, and people with disabilities, but effects were also seen with affordable general family housing.²¹

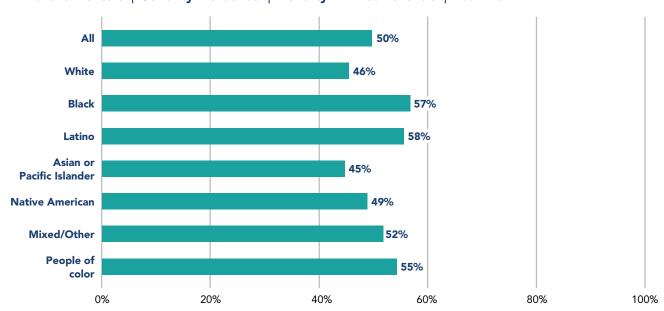


Affordable housing availability

In many urban and rural communities, local housing costs are too high, and little affordable rental housing is available. For every 100 extremely low-income renters, urban areas have 42 available and affordable units, and rural areas have 69 units.²²

Half of Americans are "rent-burdened," paying more than 30% of household income for rent, with rent burdens highest among Black and Latinx households.²³ Among people with extremely low incomes who are severely rent-burdened (paying more than half their incomes for housing), the vast majority are in the labor force, seniors, or people with disabilities.²⁴





Data source: IPUMS USA | National Equity Atlas





New affordable housing is being built, but it barely replaces the affordable housing that is being converted to other uses or that becomes unaffordable. This can happen because of rent increases in the private market, or as affordability requirements attached to low-income housing developments expire over time.²⁵ In a study of the nation's housing stock over 28 years, around 60% of low-cost units were converted to other uses, demolished, or became unaffordable.²⁶ Acquiring and rehabilitating existing affordable housing is cheaper than building new housing, making it an important approach to help increase the total amount of affordable housing.

Rental support

The U.S. government, and sometimes state and local governments, help some low-income residents pay for the cost of housing through programs such as the Section 8 Housing Choice Voucher and HOME programs. There are, however, far more eligible applicants

than rental assistance programs can support. Only around one in four renters eligible for federal rental assistance receive it, due to limited available funding.²⁷ In addition, individual renter's subsidy needs continue to increase as the gap between renters' incomes and market-rate rents has grown.²⁸

The COVID-19 pandemic and related economic crisis increased the risk of evictions, and policymakers passed eviction moratoriums in response. However, many could soon expire, even as renters still owe back-rent and landlords still need rental income. Around 10 million people, or 18% of renters in America, were behind in their rent payments at the beginning of January 2021. The typical delinquent renter now owes \$5,600, being nearly four months behind on their monthly payments – totaling \$57.3 billion owed for rent, late fees, and utilities.²⁹ More than \$46 billion in emergency rental assistance has been allocated through federal legislation in 2020 and 2021, but experts estimate that around \$57 billion is needed to fully address late rent and utility payments. 30,31

Policymakers are debating proposals that could address these issues and help keep people housed. Beyond pandemic response, short-term emergency rental assistance is being explored as an approach to help low-income renters manage short-term financial challenges and stay stably housed.



Homeownership financing and fairness

Some studies have found that homeowners report better physical and mental health compared to renters, even for homeowners with higher housing cost burdens (e.g., paying more than 30% of their income on housing). More recent studies, however, suggest that

this may only be true for adults whose homeownership is not threatened.^{17,32} Homeowners in foreclosure may experience even worse physical and mental health outcomes than housing-cost burdened renters or homeowners with affordable mortgages.

A persistent homeownership gap exists between Black and white households, related to both income disparities and the racial wealth gap, 33 and the discriminatory lending practices noted earlier worsened these disparities. Latino and Native communities also face significant barriers to homeownership.^{34,35} After the 2008 housing downturn, many people of color lost their homes to foreclosure, and this worsened their economic security and health. Policy approaches to homeownership should account for historical trends and strive to reduce racial inequities.









Homeless response systems

Leaders in this area highlight that homelessness should be rare, brief, and non-recurring. Some individuals need housing with intensive, wraparound supports, while others only need rental assistance or short-term support to help them get or maintain housing.

Interventions can improve people's health and can also result in cost savings.³⁶

The National Alliance to End Homelessness defines effective homeless response as systems that house people as quickly as possible, divert people from potential homelessness, and align interventions and resources across programs in a coordinated way to achieve these goals.³⁷ To maximize impact, policymakers are exploring ways to ensure that the range of systems serving people who are homeless are well-coordinated, with alignment around data, priorities, and funding, with strong racial equity analyses and approaches.

For example, more than 80 communities participating in a national initiative known as Built for Zero that has demonstrated that coordinated, data-driven homeless response systems can drive populationlevel reductions in homelessness. Using what is called a by-name list, Built for Zero communities have a comprehensive accounting of every person experiencing homelessness in a geography, regardless of sheltered or unsheltered status, updated at least monthly. This real-time data is used to understand the dynamics of homelessness in the community, target system improvements and resources, and track whether interventions are driving population-level reductions. Built for Zero communities use a racial equity framework to understand disparities and needed change, with measures focused on decisionmaking power, lived experience, quality data, and systems outcomes.

Quality



Housing quality and health

On average, Americans spend 70% of their time in residential environments, so home environments have a significant influence on health.³⁸ Time indoors can be even higher for vulnerable populations such as the elderly, disabled, or very young.

About 45 million metropolitan homes in the U.S. have one or more health and safety hazards, and these conditions can cause significant illness, injury, and death.³⁹ Housing-related illness and injury also are costly diseases for our society.

Persistent racial disparities in access to safe and healthy housing impact health outcomes. For example, 7.5% of non-Hispanic Black Americans live in substandard housing compared to only 2.8% of non-Hispanic white Americans. As a result of increased exposure to poor quality housing conditions, people of color have a higher prevalence of housing-related illness and injury.¹²

Housing challenges can be addressed, but lower-income homeowners and tenants may need assistance to ensure that problems are identified and improvements are made to reduce these risks.







For example, nearly 24 million people in the U.S. have asthma, and asthma attacks can be triggered by indoor housing conditions.² Asthma is the single most common chronic condition among children in the U.S., with children of color and children in families with low incomes facing higher rates of asthma and associated health challenges.⁴⁰ The economic burden of emergency department visits, hospitalizations, other health care utilization, and lost days of school and work adds up to approximately \$56 billion to \$63 billion annually in asthma-related costs. 41,42 Improving housing conditions can reduce exposure to asthma triggers.43

Lead poisoning affects half a million children, has lifelong consequences, and may also contribute to significant morbidity and mortality among adults. 44,45 Lower-income and communities of color face higher rates of lead poisoning.⁴⁶ A recent report estimated that removing lead paint from homes and replacing lead service lines could protect hundreds of thousands of children and provide a positive return on investment.45

Carbon monoxide poisoning is another housing quality challenge. According to the Centers for Disease Control and Prevention (CDC), more than 400 Americans die from unintentional carbon monoxide poisoning annually, more than 20,000 visit the emergency department, and more than 4,000 are hospitalized.⁴⁷ Risks can be reduced through properly installed, maintained, ventilated heating systems and appliances, along with other safety and maintenance approaches.⁴⁸

Residential fires, though declining, still account for nearly 2,700 deaths, over 10,000 injuries, and an economic loss of close to \$8 billion every year.⁴⁹ Fire risks can be reduced by ensuring adequate smoke alarm coverage and access to fire extinguishers and clear escape routes.

Injuries in the home, particularly a challenge for children and seniors, is another risk that can be reduced through improvements to home environments. This can include, for example, handrails, well-maintained flooring, and window guards.^{50,51} Every 11 seconds, an older adult is treated in the emergency room for a fall, and the majority of these falls occur in or near home. The costs of these falls are expected to rise as the number of seniors continues to increase.⁵²

Many of these and other housing quality problems are preventable, but people may be unaware of hazards in their homes. Some people need information about the hazards, but others need help making their home environment safer.

While the U.S. has made great progress in reducing some housing-related illnesses, such as childhood lead poisoning, to historic lows, more needs to be done. Decades of research and demonstration projects across the nation have shown that many health problems can be prevented through housing regulation, inexpensive repairs, ongoing maintenance, and small behavior changes. 53,54,55

Programs and services to improve housing quality have both demonstrated improvements in health outcomes and provided a positive return on investment for health care and other sectors. 45,47,56,57 For example, a recent analysis found substantial cost savings from lead control efforts. By replacing lead







service lines, investing in lead hazard control, and enforcing existing rules on lead-safe renovations and improvements, the country could save about \$1.33, \$1.39, and \$3.10, respectively, for every dollar invested.47

Similarly, several studies have confirmed the potential of home-based asthma services to reduce health care utilization costs. A 2017 analysis of a state-funded home-based environmental program estimated a return of \$2.03 to \$3.58 to Medicaid.57

There is great potential to improve population health by addressing the home environment, especially among low-income communities and communities of color who are disproportionately impacted by poor housing conditions.

Strategies and action steps

Coordination and messaging

Housing is both deeply personal and complex, involving a wide array of individuals, institutions, systems, policies, and environmental conditions. Discriminatory housing, zoning, and other policies by both the private and public sectors, and both historic and

ongoing, have made it challenging for communities of color to build wealth – and this has resulted in disparities in access to safe, high-quality housing, worsening disparities in health and other outcomes. Housing policy must address these structural inequities to expand housing access, advance racial justice, and increase health equity.

In addition, policies and programs that seek to address homelessness and housing quality problems must understand the personal and sensitive nature of these interventions. People experiencing homelessness sometimes have significant histories of trauma that further exacerbate distrust or reluctance to engage with government or health systems. Addressing this requires culturally responsive and trauma-informed outreach and support for housing navigation, tenancy sustaining services, and other wraparound services and supports when needed. In housing quality interventions, there may be an inappropriate tendency to rely too heavily on individual responsibility or to unfairly blame residents for poor housing conditions. Some tenants, such as undocumented residents, may distrust government, and this distrust needs to be understood and addressed. The division of responsibility between landlords and tenants also adds complexity to these interventions. These challenges can be addressed, and there is evidence that policies and programs to improve housing access and quality can significantly improve health.

The health care sector is increasingly interested in addressing housing needs, given connections to health outcomes and health equity. Health system engagement has taken a variety of forms, including impact investments for affordable housing development and preservation, financial commitments for a variety of housing efforts through hospital community benefits programs, Medicaid waivers or state plan amendments to address housing needs, land trusts for affordable housing development, emergency rental assistance, advocacy for housing bonds and other housing policies, financial support for housing quality improvements, and participation in coalitions advocating for change. The Healthcare Anchor







Network, a coalition of more than 60 health care systems working to more fully harness their institutional and operational resources to benefit the communities they serve, has connected health system leaders with housing advocacy opportunities and provides helpful resources and support.

Researchers have found that highlighting the link between housing and health is a powerful way to build support for housing policies and investments. They note that to maximize impact, messages need to focus on solutions and counter the perception that the housing problem is too large and complex to fix. Messages also should spotlight underlying values related to housing, like economic security, opportunity, stability, and fairness. Researchers also encourage advocates to highlight the need for collective, rather than individual-level, responses and to focus on interdependence, racial and economic inclusion, and a positive vision for the future. 58,59



Public sector engagement across multiple levels of government

At the federal level, several different agencies play roles in promoting safe, healthy, and affordable housing. This includes the U.S. Department of Housing and Urban Development, the Department of the Treasury, the Centers for Disease Control and Prevention, the

Department of Energy, the Environmental Protection Agency, and the Centers for Medicare and Medicaid Services, as well as housing programs within other agencies to address issues such as veterans housing, housing for American Indians and Alaska Natives, and rural housing.

At the state and local level, it is important to understand the interaction of federal, state, and local agencies in each state or community. For example, some policy solutions like housing codes and proactive rental inspection are often controlled locally but may be affected by state-level preemption policies, which occur when a higher level of government removes regulatory control from a lower level of government, sometimes preventing more robust protections. Similarly, some policies (e.g., Medicaid coverage of services, Low Income Housing Tax Credit programs) are influenced and shaped at the state level but must conform with federal rules and guidelines.

There are important differences in the way that the housing and public health communities think about and approach housing. An awareness of these differences is critical to bridging the divide between the entities and creating effective, comprehensive housing solutions. Many promising strategies to improve access to affordable, healthy housing have been identified, with housing and public health leaders aligning to support and expand these efforts. Focusing on racial equity across approaches, with leadership from communities most affected, will increase effectiveness and impact.



Affordability and access

• Tax credits and rental assistance: Federal strategies like the Low-Income Housing Tax Credit program, federal rental assistance programs such as the Section 8 Housing Choice Voucher program, and other federal programs can increase the amount of affordable housing being developed and preserved, and help low-income residents to find and secure healthy, affordable housing. Policymakers can expand funding for these approaches, supporting additional housing development and ensuring that more people eligible for rental assistance can access that assistance.







- Eviction risk reduction: Some policymakers passed temporary bans on evictions during the pandemic to reduce the risk of financial challenges that would lead to increased homelessness. As these moratoriums expire, many renters then will face the challenge of paying rent for the current month and for any additional rent payments they missed. Policymakers are looking at rental assistance as a potential approach to support tenants and help landlords through these challenges.
- Emergency rental assistance: Short-term rental assistance for people experiencing a financial emergency can help them maintain stable housing. Pilot programs have used Medicaid Flexible Benefits funds and private grants, helping people stay housed while experiencing a health crisis. 60 Federal and state policymakers are exploring emergency rental assistance approaches, beyond any measures to address the COVID-19 pandemic, as a strategy to help reduce housing instability.
- Bond measures and housing trust funds: State and local bond measures are often used to support affordable housing development and preservation. Health systems have joined with other community stakeholders to support these bond measures. To provide a more consistent source of funding, some local and state governments are creating housing trust funds.
- Community land trusts: States and municipalities can help support community land trusts, through financing or land. Community land trusts allow nonprofit, communitybased organizations to own housing and use long-term renewable leases to expand housing access for people with lower incomes. These land trusts can allow tenants to build equity and avoid displacement, keeping some of the increased property value when they sell their homes, while some of the increased value goes to the land trust to keep the housing affordable for the next lease-holder. Some health systems have invested in community land trusts to expand affordable housing access.
- Zoning and land use policies: Zoning, other land-use restrictions, and unpredictable, lengthy permitting processes can limit housing production. Some cities are exploring opportunities to change these dynamics. This includes, for example, policies to permit multi-family housing or accessory dwelling units in residential areas, and inclusionary zoning policies requiring or incentivizing a minimum amount of low-income housing in new market-rate developments. When implemented effectively, some zoning and land use approaches can help desegregate housing.
- Fair lending practices: Low- and moderate-income people need access to fair financing, with protections to ensure that everyone is treated justly and equitably. Policymakers are working to ensure adequate federal oversight of fairness-in-lending standards for banking and loan institutions to promote equitable access to credit and expanded access to home ownership.







- Tenant protections: State and local policymakers can adopt or strengthen enforcement of policies that support tenants, such as free legal assistance, fair housing laws, and source of income non-discrimination. Some policies require owners to give tenants in multi-unit housing increased advance notice when their building is about to be sold. This provides more time to find a new home, and policies can be structured to help tenants assemble funds to collectively purchase the property or work with nonprofits to purchase it and preserve affordability.
- Homeless response systems: Federal and state policymakers can advance policies
 to improve coordination in addressing homelessness, which can range across multiple
 agencies and departments. Requirements for quality, real-time data, a focus on equity,
 and population-level coordination of local efforts, coupled with accountability for
 reducing homelessness, could make it easier to combine funds from a range of sources
 to meet client needs more effectively and efficiently.



Housing quality

- Housing codes: Building codes may contain undefined terms such as "safe" or "decent"
 that are subject to varied interpretation. This can lead to uneven, and often inequitable,
 application for protecting and supporting health. Tools like the National Healthy Housing
 Standard provide language that can be used to create more robust and protective
 housing codes.
- Proactive rental inspection: In traditional complaint-based systems, undocumented
 and low-income residents may fear repercussions for reporting poor housing conditions.
 When designed well, local proactive rental inspection programs can improve housing
 conditions, reduce the risk of displacement, and support property owners in correcting
 violations.
- Smoke-free multi-unit housing: One in four Americans live in multi-unit housing where, in the absence of smoke-free policies, they may be exposed to secondhand smoke. State and local policymakers can promote smoke-free multi-unit housing policies to address this challenge.
- Lead hazard control: At the local level, reviewing lead hazard control, replacing lead service lines, and enforcing the Renovation, Repair, and Painting (RRP) Rule can all help reduce lead exposure, decrease disparities, and provide a positive return on investment.
- Property transactions: At the local level, property transactions provide an ideal
 opportunity to identify and address hazards, particularly when remediation strategies
 can be built into the financing. These transactions include property changes to new
 owners or tenants, as well as applications for construction permits. Policymakers can use
 property transactions as opportunities to detect and mitigate radon, lead, and other
 housing hazards.







- Housing repair support: Low- and middle-income rental property owners may have limited funds to make needed repairs, and available enforcement mechanisms may create additional stress instead of incentivizing compliance. Policymakers can support low- and no-interest loan programs to assist property owners in identifying and addressing hazards. These loans can be especially useful if funds are available to singlefamily homes that may not be covered by rental inspection programs.
- Medicaid waivers and amendments: Policymakers at federal and state levels can support housing quality through Medicaid waivers or state plan amendments that allow Medicaid to financing a variety of support services related to securing housing and supporting tenancy. In general, Medicaid continues to not provide rental assistance, though there are waivers that have been granted to assist with short-term housing payments.
- Workforce training and credentialing: Although there are several proven strategies to improve housing quality, the lack of enough trained workforce is a barrier to scaling up these efforts in many communities. Housing and code inspectors, home-visiting health professionals such as visiting nurses, and home maintenance professionals such as contractors or painters, could help identify housing quality problems. Cross-training initiatives among government agencies can help increase capacity, even when funding for new hires is absent.
- Data collection: At the local, state, and national levels, information about different exposures and health outcomes are controlled by different entities and collected and shared in ways that make them difficult to synthesize. Policymakers are working to improve data on housing affordability and housing conditions to improve data collection and reduce silos.

Impact

Housing provides a unique and powerful platform for transforming communities, improving resident health and well-being, and advancing health equity. Across policy approaches, several features can support effective implementation and greater impact.

Improving data quality can help ensure adequate understanding of issues that need attention and suggest ways to more effectively prioritize and allocate resources. This can also help stakeholders track progress and demonstrate the need for and outcomes that result from continued investment. Disaggregating by race and ethnicity, in addition to other demographics such as gender, age, and veteran status, provides important information to help identify challenges and solutions.







Cross-sector partnerships can help improve short-term success and long-term sustainability, and strong participation and leadership by communities disproportionately impacted by housing challenges - including communities of color, low-income communities, and undocumented residents - is critical. Building and maintaining relationships takes time, resources, and commitment. Funders should encourage collaborative efforts and ensure that organizations and individuals representing disproportionately impacted communities are adequately compensated for their contributions.

Funding sources that are sufficient, sustainable, and strike the right balance of focus and flexibility are needed, with targeted funding to support sustained participation and leadership by communities of color. Most current funding sources are heavily siloed, which can constrain partnerships or create unhelpful competition for resources. Increasing flexibility, while also ensuring accountability, can spur innovation and help communities invest in partnerships and adapt strategies in ways that are meaningful and capitalize on local assets to achieve impact.

Leveraging these strategies will allow stakeholders at federal, state, and local levels to successfully implement proven strategies and unleash the power of housing to improve health and well-being. By capitalizing on existing evidence and building on community knowledge and experience, leaders can advance policy solutions that increase access to affordable, stable, safe, and healthy housing, advance racial justice, promote greater health equity, and ensure more people can live healthy lives.

References

- 1. Kushel, M.B., Gupta, R., Gee, L., Haas, J.S. (2006). Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans. Journal of General Internal Medicine, 21(1), 71-77. https://dx.doi. org/10.1111%2Fj.1525-1497.2005.00278.x and Taylor, L. (2018) Housing and Health: An Overview of the Literature. Health Affairs. doi: 10.1377/hpb20180313.396577
- 2. Lubell, J., Morley, R., Ashe, M., Merola, L., Levi, J. (n.d.) Housing and Health: New Opportunities for Dialogue and Action. National Center for Health Housing. Retrieved from https://changelabsolutions.org/sites/default/files/ Health%20%20Housing%20New%20Opportunities_final.pdf
- 3. Maness, D., Khan, Muneeza. (2014). Care of the Homeless: An Overview. American Family Physician, 89(8), 634-640. Retrieved from https://www.aafp.org/afp/2014/0415/p634.html and Brown, R., et al. (2017). Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. Gerontologist, 57(4), 757-766. doi: 10.1093/geront/gnw011
- 4. Vásquez-Vera, H., Palència, L., Magna, I., Mena, C., Neira, J., Borrell, C. (2017). The threat of home eviction and its effects on health through the equity lens: A systematic review. Social Science Medicine, 175, 199-208. doi:10.1016/j. socscimed.2017.01.010
- 5. Rothstein, R. (2017) The Color of Law: A Forgotten History of How Our Government Segregated America. New York; London: Liveright.
- 6. Department of Justice, Office of Public Affairs. (2011). Justice Department Reaches \$335 Million Settlement to Resolve Allegations of Lending Discrimination by Countrywide Financial Corporation. Retrieved from https://www. justice.gov/opa/pr/justice-department-reaches-335-million-settlement-resolve-allegations-lending-discrimination
- 7. Lake, J. (2020) The Pandemic Has Exacerbated Housing Instability for Renters of Color. Center for American Progress. Retrieved from https://www.americanprogress.org/issues/poverty/reports/2020/10/30/492606/pandemicexacerbated-housing-instability-renters-color/
- 8. Benfer, E., et al. (2020). The COVID-19 Eviction Crisis: an Estimated 30-40 Million People in America Are at Risk. Aspen Institute. Retrieved from https://www.aspeninstitute.org/blog-posts/the-covid-19-eviction-crisis-anestimated-30-40-million-people-in-america-are-at-risk/







- 9. United States Department of Labor, U.S. Bureau of Labor Statistics (2020). Employment Situation News Release. Retrieved May 5, 2020, from https://www.bls.gov/news.release/archives/empsit_05082020.htm
- 10. National Health Care for the Homeless Council. (2020). COVID-19 & the HCH Community: Needed Policy Responses for a High-Risk Group. Retrieved from https://nhchc.org/wp-content/uploads/2020/03/Issue-brief-COVID-19-HCH-Community.pdf
- 11. National Alliance to End Homelessness (2020). Racial Inequalities in Homelessness, by the Numbers. National Alliance to End Homelessness. June 1, 2020, retrieved from https://endhomelessness.org/resource/racialinequalities-homelessness-numbers/#:~:text=African%20Americans%20make%20up%2013,share%20of%20 the%20homeless%20population.
- 12. Jacobs, D. (2011). Environmental Health Disparities in Housing. American Journal of Public Health, 101(Suppl 1):S115.
- 13. Kushel, M.B., Gupta, R., Gee, L., Haas, J.S. (2006). Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans. Journal General Internal Medicine, 21(1), 71-77. https://dx.doi. org/10.1111%2Fj.1525-1497.2005.00278.x
- 14. Cutts, D.B., Meyers, A.F., et al. (2011). U.S. Housing Insecurity and the Health of Very Young Children. American Journal of Public Health, 101(8), 1508-1514. https://dx.doi.org/10.2105%2FAJPH.2011.300139
- 15. Gilman, S. E., Kawachi, I., Fitzmaurice, G.M. & Buka, S.L. (2003). Socio-economic Status, Family Disruption and Residential Stability in Childhood: Relation to Onset, Recurrence and Remission of Major Depression. Psychological Medicine, 33(8), 1341-1355. https://doi.org/10.1017/s0033291703008377
- 16. March, E., Ettinger de Cuba, S., Cook, J., Bailey, K., Cutts, D.B., Meyers, A.F., & Frank D.A. (2011). Behind Closed Doors: The Hidden Health Impacts of Being Behind on Rent. Children's Health Watch. https:// childrenshealthwatch.org/wp-content/uploads/behindcloseddoors_report_jan11-.pdf
- 17. Pollack, C.E., Griffin, B.A., & Lynch, J. (2010). Housing Affordability and Health Among Homeowners and Renters. American Journal of Preventive Medicine, 39(6), 515–521. https://doi.org/10.1016/j.amepre.2010.08.002
- 18. Clough, A., Draughon, J., Njie-Carr, V., Rollins, C., & Glass, N. (2014). 'Having Housing Made Everything Else Possible': Affordable, Safe and Stable Housing for Women Survivors of Violence. Qualitative Social Work, 13(5), 671-688. https://doi.org/10.1177/1473325013503003
- 19. Ponic, P., Varcoe, C., Davies, L., Ford-Gilboe, M., Wuest, J., & Hammerton, J. (2011). Leaving ≠ Moving: Housing Patterns of Women Who Have Left an Abusive Partner. Violence Against Women 17(12), 1576–1600. https://doi. org/10.1177/1077801211436163
- 20. Brown, R.T., Hemati, K., Riley, E.D., Lee, C.T., Ponath, C., Tieu, L., Guzman, D., Kushel, M.B. (2017). Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. Gerontologist, 57(4), 757-766. https://doi. org/10.1093/geront/gnw011
- 21. Wright, B., Li, G., Weller, M., Vartanian, K., Saul, A., Gladstone, C., Matsumoto, M., Klink, H. (2016). Health in Housing: Exploring the Intersection Between Housing and Health Care. Portland (OR): Center for Research and Outcomes and Enterprise Community Partners, Inc.
- 22. Getsinger, L., Posey, L., MacDonald, G., Leopold, J. (2017). The Housing Affordability Gap for Extremely Low-Income Renters in 2014. Washington: The Urban Institute.
- 23. PolicyLink (2019). National Equity Atlas [Internet]. Retrieved from: https://nationalequityatlas.org/indicators/ Housing_burden.
- 24. Yentel, D. (2018). Testimony Presented to the Financial Services Committee of the United States House of Representatives. 115th Congress.
- 25. Joint Center for Housing Studies of Harvard University. (2018). The State of the Nation's Housing 2018. Retrieved from https://www.jchs.harvard.edu/state-nations-housing-2018
- 26. Weicher, J.C., Eggers, F.J., Moumen, F. (2017). The Long-Term Dynamics of Affordable Rental Housing. Washington, DC: Hudson Institute.
- 27. Center on Budget and Policy Priorities. (2017). Three Out of Four Low-Income At-Risk Renters Do Not Receive Federal Rental Assistance. Retrieved from https://www.cbpp.org/three-out-of-four-low-income-at-risk-renters-donot-receive-federal-rental-assistance
- 28. Center for Housing Studies of Harvard University. (2018). The State of the Nation's Housing 2018. Retrieved from https://www.jchs.harvard.edu/state-nations-housing-2018







- 29. Parrott, J., & Zandi, M. (2021). *Averting an Eviction Crisis* (Rep.). Moody's Analytics. Retrieved from https://www.moodysanalytics.com/-/media/article/2021/averting-an-eviction-crisis.pdf
- 30. National Low Income Housing Coalition (2021). *American Rescue Plan Act*. Published March 2021, retrieved from https://nlihc.org/sites/default/files/COVID-Relief-Budget_Reconciliation.pdf.
- 31. Parrott, J. and Zandi, M. (2021). Averting an Eviction Crisis. The Urban Institute. Published January 25, 2021, retrieved from https://www.urban.org/research/publication/averting-eviction-crisis.
- 32. Maqbool, N., Viveiros, J., & Ault, M. (2015). The Impacts of Affordable Housing on Health: A Research Summary. Center for Housing Policy. Retrieved from https://www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf
- 33. Hyun, J.H., Goodman, L. (2018). What explains the homeownership gap between black and white young adults? Urban Institute. Retrieved from https://www.urban.org/urban-wire/what-explains-homeownership-gap-between-black-and-white-young-adults
- 34. Strochak, S., Young, C., and McCargo, A. (2019). Mapping the Hispanic Homeownership Gap. Urban Institute. Retrieved from https://www.urban.org/urban-wire/mapping-hispanic-homeownership-gap.
- 35. Kunesh, P. (2019). Increasing Access to Affordable Housing in Indian Country. Shelterforce. Retrieved from https://shelterforce.org/2019/11/25/increasing-access-to-affordable-housing-in-indian-country/.
- 36. Department of Housing and Community Development, Massachusetts Housing and Shelter Alliance. (2009). Home and Healthy for Good: A Statewide Housing First Program Progress Report (2009-2012). Retrieved from https://archives.lib.state.ma.us/handle/2452/806971
- 37. Nagendra, C., Schulenberg, K. (n.d.) *The NAEH SYSTEM Series: Building an Effective Homeless Response System.* National Alliance to End Homelessness. Retrieved from https://endhomelessness.org/wp-content/uploads/2019/04/NAEH-SYSTEM-Series-Building-an-Effective-Homeless-Response-System.pdf
- 38. Klepeis, N.E., Nelson, W.C., Ott, W.R., Robinson, J.P., Tsang, A.M., Switzer, P., Behar, J.V., Hern, S.C., & Engelmann, W.H. (2001). The National Human Activity Pattern Survey (NHAPS) A Resource for Assessing Exposure to Environmental Pollutants. Retrieved January 20, 2020, from https://indoor.lbl.gov/sites/all/files/lbnl-47713.pdf
- 39. National Center for Healthy Housing. (2020). *United States: 2020 Healthy Housing Fact Sheet.* National Center for Healthy Housing. Retrieved from https://nchh.org/resource-library/fact-sheet_state-healthy-housing_usa.pdf
- 40. Akinbami, LJ., Mooreman, J.E., Bailey, C., et al. (2012). *Trends in asthma prevalence, health care use, and mortality in the United States, 2001-2010* (NCHS data brief). Retrieved January 2020, 2020, from http://www.cdc.gov/nchs/data/databriefs/db94.pdf
- 41. American Lung Association. (2017). Asthma in adults fact sheet. Retrieved March 26, 2018, from http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/learn-about-asthma/asthma-adults-facts-sheet.html
- 42. Jang, J., Chan, K.C.G., Huang, H., & Sullivan, S.D. (2013). Trends in cost and outcomes among adult and pediatric patients with asthma: 2000–2009. *Annals of Allergy, Asthma, & Immunology*, 111(6), 516-522. doi:10.1016/j. anai.2013.09.007
- 43. Krieger, J. (2010). Home is Where the Triggers Are: Increasing Asthma Control by Improving the Home Environment. *Pediatric Allergy, Immunology, and Pulmonology*, 23(2), 139-145.
- 44. Lanphear, B.P., Rauch, S., Auinger, P., Allen, R.W., & Hornung, R.W. (2018). Low-level lead exposure and mortality in US adults: A population-based cohort study. *Lancet Public Health*, 3(4), e177-e184. doi:10.1016/S2468-2667(18)30025-2
- 45. Jacobs, D., Baeder, A. (2009). Housing interventions and health: A review of the evidence. National Center for Healthy Housing. Retrieved January 20, 2020, from http://nchh.org/resource-library/report_housing-interventions-and-health_a-review-of-the-evidence.pdf
- 46. LeBron, A.M.W., Torres, I.R., Valencia, E., Dominguez, M. L. Garcia-Sanchez, D.G., Logue, M.C., Wu, J. (2019). The State of Public Health Lead Policies: Implications for Urban Health Inequities and Recommendations for Health Equity. *International Journal of Environmental Research and Public Health*, 16(6): 1064.
- 47. The Pew Charitable Trusts. (2017). 10 Policies to Prevent and Respond to Childhood Lead Exposure: An assessment of the risks communities face and key federal, state, and local solutions. Retrieved January 20, 2020, from https://www.pewtrusts.org/en/research-and-analysis/reports/2017/08/10-policies-to-prevent-and-respond-to-childhood-lead-exposure







- 48. National Center for Healthy Housing. Carbon Monoxide. National Center for Healthy Housing. Retrieved March 8, 2021 from https://nchh.org/information-and-evidence/learn-about-healthy-housing/health-hazards-preventionand-solutions/carbon-monoxide.
- 49. U.S. Fire Administration. (2019). Residential Building Fire Trends (2008-2017). Retrieved May, 2020, from https:// www.usfa.fema.gov/downloads/pdf/statistics/ res_bldg_fire_estimates.pdf
- 50. National Center for Healthy Housing, Code Comparison Tool. Retrieved March 22, 2021 from https://nchh.org/ tools-and-data/housing-code-tools/cct/.
- 51. Spiegel, C.N. and Lindaman, F.C. (1995). Children Can't Fly: A Program to Prevent Childhood Morbidity and Mortality from Window Falls. Injury Prevention, 1(3):194.
- 52. National Council on Aging (n.d.) Falls Prevention Facts. Retrieved from https://www.ncoa.org/news/resources-forreporters/get-the-facts/falls-preven-tion-facts/
- 53. National Center for Healthy Housing. (2013). State of Healthy Housing. Retrieved from http://nchharchive.org/ Policy/2013StateofHealthyHousing.aspx
- 54. Isasi, F., Tewarson, H., & Pandit, S. (2015). Health Investments That Pay Off: Strategies for Addressing Asthma in Children. National Governors Association, Center for Best Practices. Retrieved January 20, 2020, from https:// www.nga.org/wp-content/uploads/2019/08/1504HealthInvestmentsThatPayOff.pdf
- 55. Tania, K., & Dunn, J.R. (2008). Effects of Housing Circumstances on Health, Quality of Life and Healthcare Use for People with Severe Mental Illness: A Review. Health and Social Care in the Community, 16 (1), 1–15. https://doi. org/10.1111/j.1365-2524.2007.00723.x
- 56. Krieger, J., & Higgins, D.L. (2002). Housing and Health: Time Again for Public Health Action. American Journal for Public Health, 92(5), 758-768. https://dx.doi.org/10.2105%2Fajph.92.5.758
- 57. Gomez, M., Reddy, A.L., Dixon, S.L., Wilson, J., & Jacobs, D.E. (2017). A Cost-Benefit Analysis of a State-Funded Healthy Homes Program for Residents with Asthma: Findings from the New York State Healthy Neighborhoods Program. Journal of Public Health Management and Practice, 23(2), 229-238. https://doi.org/10.1097/ phh.000000000000528
- 58. Frameworkinstitute.org (n.d.) Housing. Retrieved from https://www.frameworksinstitute.org/issues/housing/.
- 59. Lake, C., Snell, A., Kline, J. (2020). Funders for Housing and Opportunity. Housingnarrative.org. Retrieved at https://housingnarrative.org/full-report-findings-focus-groups-dial-survey
- 60. Enterprise Community Partners, Inc. (2018). Safe Landing: Housing Program Evaluation. Retrieved from https:// www.enterprisecommunity.org/sites/default/files/media-library/solutions-and-innovation/health-and-housing/ safe_landing_housing_program_evaluation.pdf





