

# Health and Housing 101: Understanding the Intersections



*Community Catalyst Learning Community*

*May 11, 2016*

# ROADMAP

1. Housekeeping
2. Community Catalyst Goals/Role
3. The Housing Landscape: Policy, Advocacy and Health Overlaps
4. The Health Landscape: Health Imperatives Relating to Housing
5. Q & A

# WEBINAR LOGISTICS

1. We have reserved time for Q & A at the end of the call
2. Please keep your phones on mute
3. Please submit your questions via the Q & A box on the right panel
4. For customer service during the conference, call Infinite Conferencing at 1-888-353-3094
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# Why Health and Housing? Why Community Catalyst?



# GOALS

- Discuss housing in the context of health
- Present key health and housing terms
- Identify opportunities to integrate health and housing
- Highlight opportunities to partner effectively across health and housing

# OVERVIEW

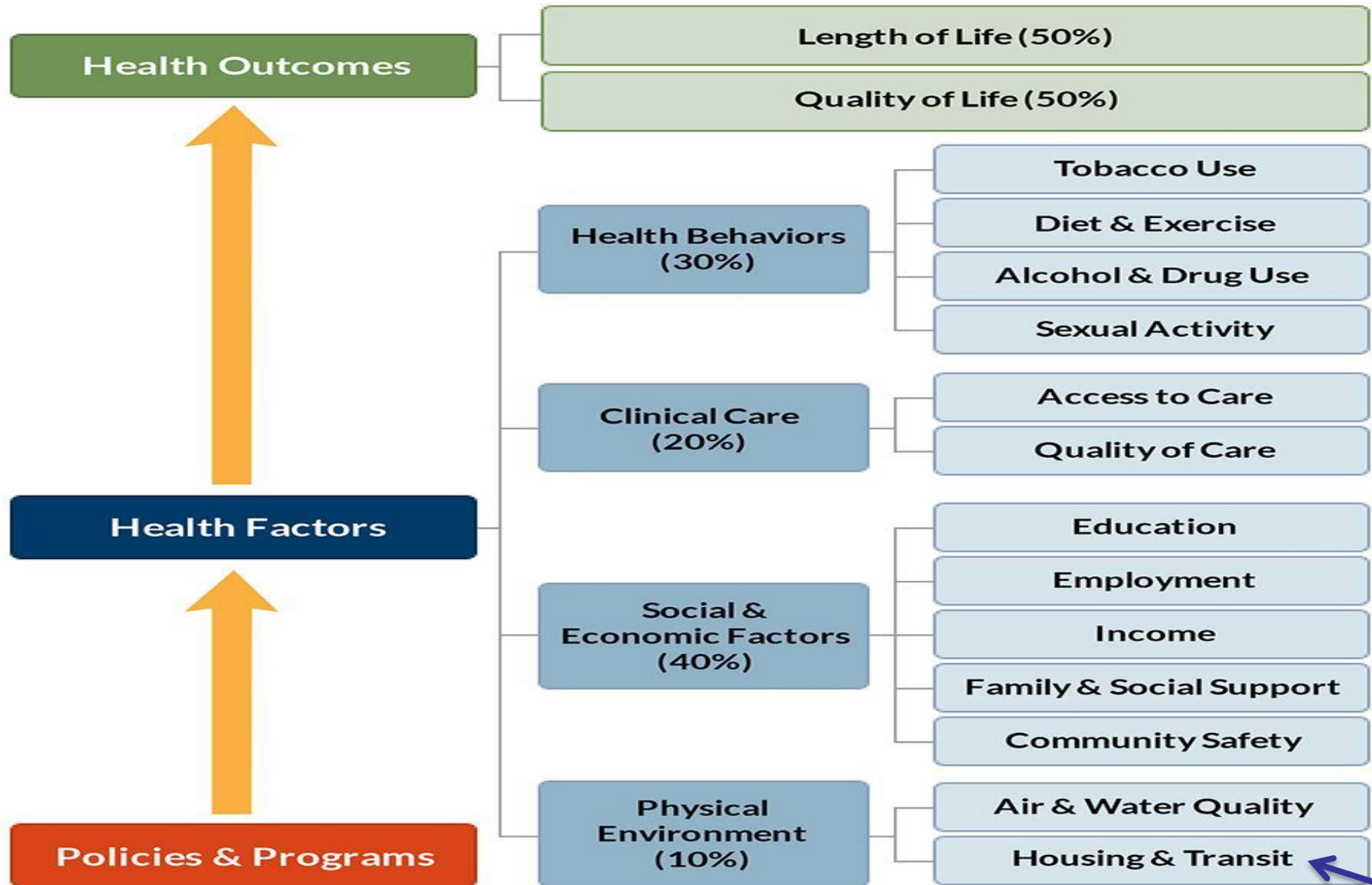
- Health equity agenda requires addressing housing.
- Healthy housing – a shared definition.
- Role and skillset of health advocates.

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

- *World Health Organization*



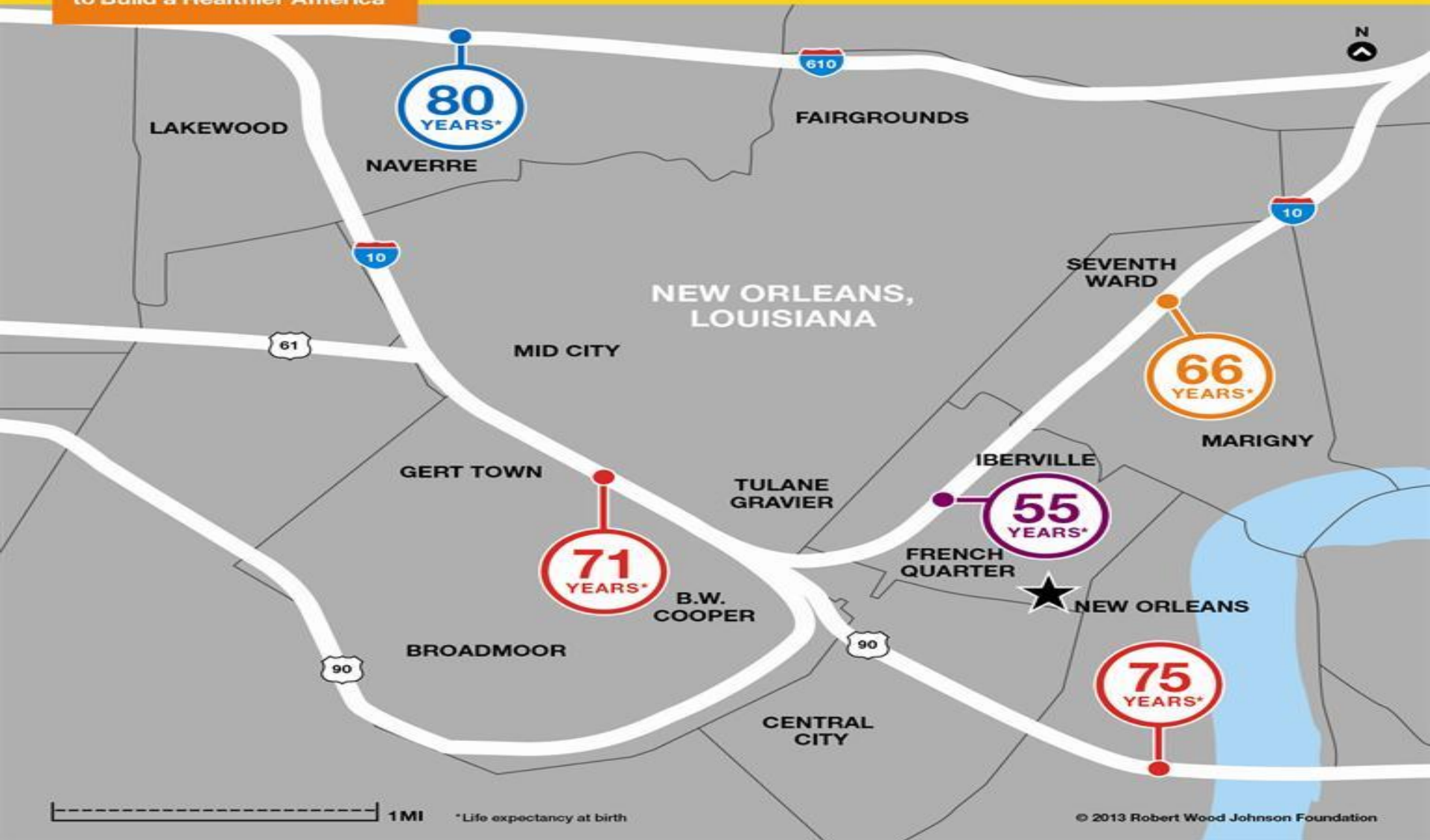
# What Matters for Health



# Geography as a Predictor of Health

RWJF Commission  
to Build a Healthier America

Robert Wood Johnson Foundation



# Housing issues that impact health

- Neighborhood stability
- Affordability
- Quality
- Residential racial segregation
- Housing tailored to the needs of vulnerable populations







# Healthy Housing

“Healthy housing” is a home where the physical, mental, and socioeconomic environment supports household members in making healthy choices, achieving educational and economic success, and engaging in robust social and cultural networks.

It is housing in a neighborhood connected to good employment and business opportunities in the region. It is a home free from toxins and threats from the built environment such as unsafe streets, violence, poor air quality, industrial chemical exposures, allergens, mold, or pests.

It does not impose cost burdens that divert household income away from healthy food, medical care, or educational opportunities. It is located in healthy and well-resourced neighborhoods.”

[Healthy Communities of Opportunity: An Equity Blueprint to Address America's Housing Challenges](#). Policy Link and the Kresge Foundation, 2016

# What is the role for health advocates?

- Provide thought leadership on health and housing intersection
- Drive conversations among health and housing stakeholders using common terms
- Organize a policy agenda that connects health to housing
- Implement campaigns to advance shared health and housing priorities

# Six capacities to achieve policy change



**COMMUNITY CATALYST  
SYSTEM OF ADVOCACY**

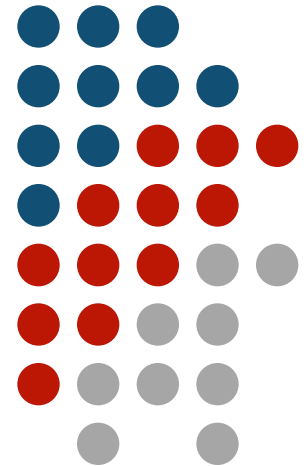
# CC Programmatic Intersections with Housing

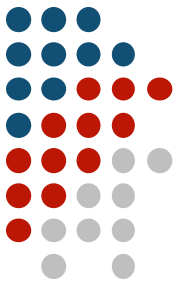
- Health System Transformation: Medicaid and supportive housing
- Hospital Accountability Project: healthy housing and asthma prevention
- Substance Use Disorders: Integrating housing into services for addiction and diversion from incarceration
- Children's Health: leveraging community health workers for housing screening and referral



# The Basics of Affordable Housing

Janet Viveiros  
National Housing Conference

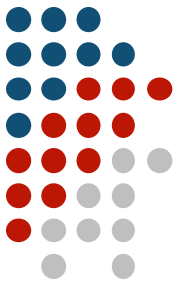




# 4 Important Elements of Housing

- Affordability
- Stability
- Quality
- Location

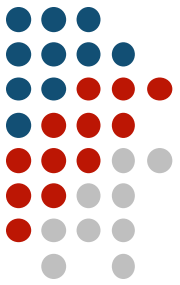




# What is affordable housing?

Housing is considered affordable when you spend 30% or less of your income on your monthly housing costs

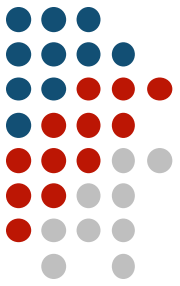




# What is subsidized housing?

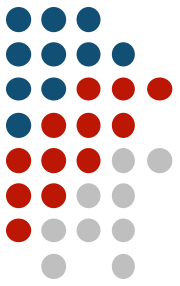
- Housing or households with financial assistance to make home affordable.
- There are many different housing subsidy programs at the federal, state, and local level.





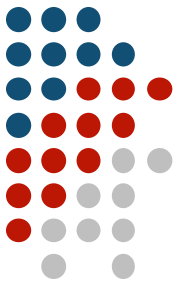
# Common housing terms

- Area Median Income (AMI)- standard to determine whether household is low- or moderate-income.
- Community Development Corporation (CDC)- local nonprofit developer with mission to revitalize community.
- Fair Market Rent (FMR)- HUD payment rates for rental assistance.



# Common housing terms

- Rent restricted- unit requiring rent to be affordable to low- or moderate-income households.
- Development- construction.
- Permanent Supportive Housing- affordable housing with services for formerly homeless individuals and families.

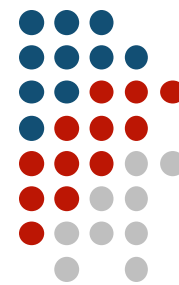


# Major housing affordability issues

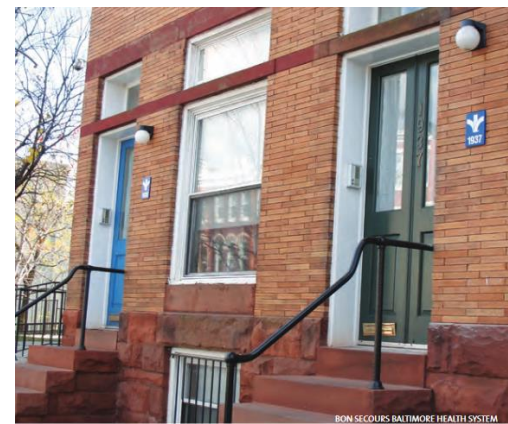
- Housing not an entitlement, only one in every four eligible households receives federal housing assistance
- Many homes affordable to low-income households have substandard conditions
- Homes affordable to low-income families often located in low-opportunity neighborhoods



# What happens when a household cannot afford housing

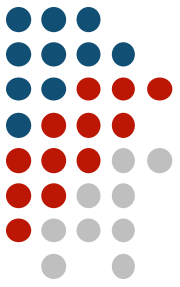


- They spend more than is affordable & become “housing cost burdened”
  - **17.6 million households** spend more than 50% of income on housing costs
- They cut back on essentials such as food, health care, educational enrichment





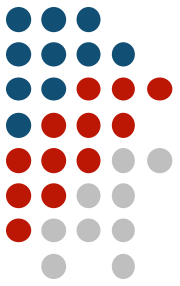
# What happens when a household cannot afford housing



- They experience eviction
- They become homeless
- They have to crowd multiple families into one home
- They live in substandard, unsafe homes

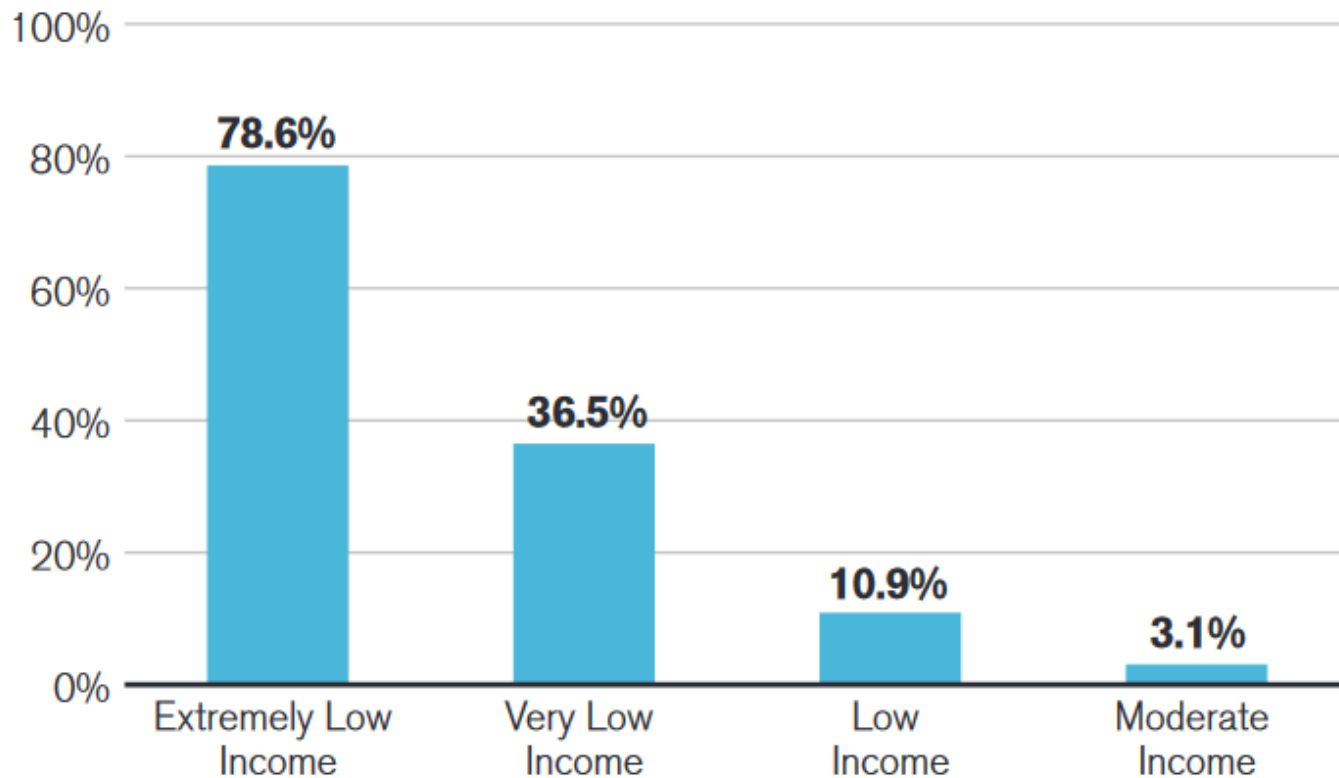


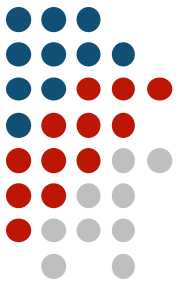
# Widespread housing needs



**FIGURE 5.** Nearly Four out of Five Extremely Low-Income Households Have Severe Housing Cost Burdens

Percentage of Working Households with a Severe Housing Cost Burden by Income, 2014

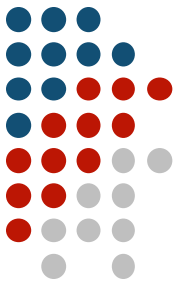




# Federal Budget

- \$45 billion HUD Budget
- \$331 billion Medicaid Budget
- \$777 billion CMS Budget

# HUD's budget waterfall



HUD's  
budget

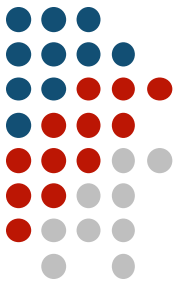
## Existing rental assistance:

- Housing Choice Vouchers
- Public housing
- Project-based rental assistance
- Homelessness programs
- Section 202
- Section 811
- HOPWA

**80%**  
of HUD's  
budget

**Everything else:**  
**HOME, CDBG,**  
Housing counseling, Choice  
Neighborhoods, Family Self  
Sufficiency, fair housing  
enforcement, Native American  
Programs, RAD, lead hazard  
control...

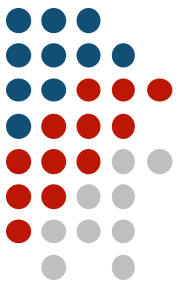
# Affordable housing programs- vouchers



## *Housing vouchers/Housing Choice Vouchers/Section 8 vouchers*

- Enables low-income households to rent private apartments and pay 30% of their income on rent
- Typically issued by local public housing authorities funded by the HUD

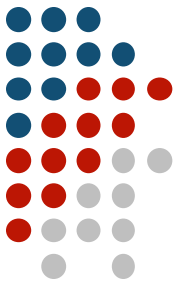
# Affordable housing programs- public housing



- Typically entire housing developments rented to low-income households who are only required to spend 30% of their income on rent
- Owned and managed by local public housing authorities funded by HUD



# Affordable housing programs- tax credits

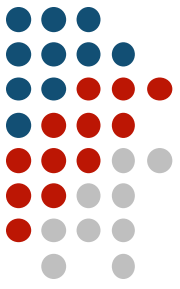


## *Low Income Housing Tax Credit/LIHTC*

- Federal tax credit program that leverages private funds as capital for affordable housing development or preservation
- Rents restricted to 30% of the income of a household earning 60% of AMI
- Issued by state housing finance agencies through a competitive process



# Affordable housing programs- zoning



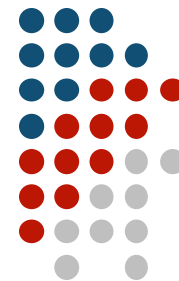
## *Inclusionary Zoning*

- Local zoning policies that require or incentivize developers to include affordable housing to buy or rent in a market-rate development
- Developers are often offered options to lower development costs so they do not experience a financial loss by including affordable units





# Contact Me



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- ❖ Associate Professor of Pediatrics, Boston University Schools of Medicine and Public Health
- ❖ Medical Director, National Center for Medical-Legal Partnership



@megansandel

@ChildrensHW

# Roadmap

- Overview of Children's HealthWatch
- How housing influences child health
  - Quality
  - Stability
  - Affordability
- How child homelessness contributes to health care spending
- How affordable housing reduces infant hospitalizations
- How housing like a vaccine
- Examples to bridge housing/health care - provide the Housing Vaccine
- Policy Solutions

# About Children's HealthWatch

- Non-partisan network of pediatric & public health researchers → research & policy center
- MISSION: Improve health & development of young children → public policies → alleviate family economic hardships
  - Hunger (Food Insecurity)
  - Unstable Housing (Housing Insecurity)
  - Trouble Keeping Heat or Lights on (Energy Insecurity)
- Provide policy makers with evidence to develop policies that protect young children's health and development

# Where our data come from:

Frontline health care settings:

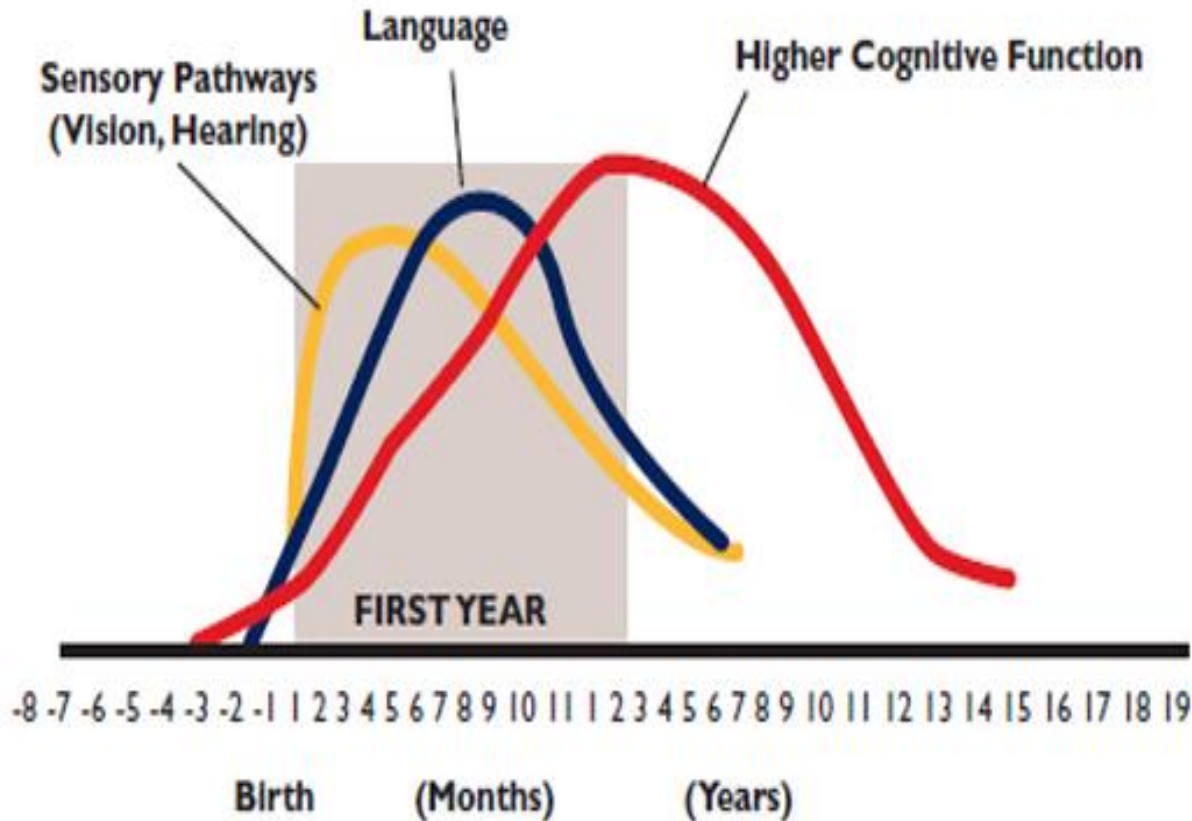
Boston, Baltimore, Philadelphia,  
Little Rock and Minneapolis

- Household survey
- Interviews - caregivers with children 0 to 4 years old
  - “invisible” group
  - critical window of time



# Human Brain Development

Synapse Formation Dependent on Early Experiences  
*(700 per second in the early years)*



Data source: C. Nelson (2000); Graph courtesy of the Center on the Developing Child at Harvard University

## Human Brain Development

*Most Vulnerable Period:  
Birth – Age 4 Yrs*

*Synapse formation,  
neural networks –  
“brain architecture”*

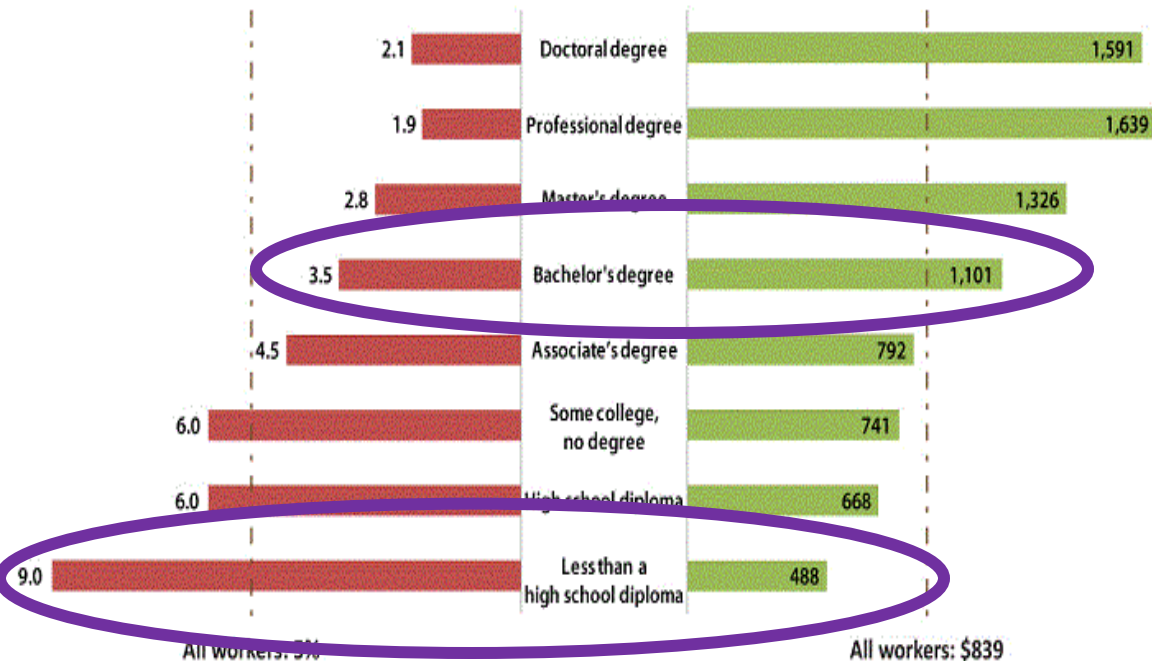


# Why Child Health and Development Matters

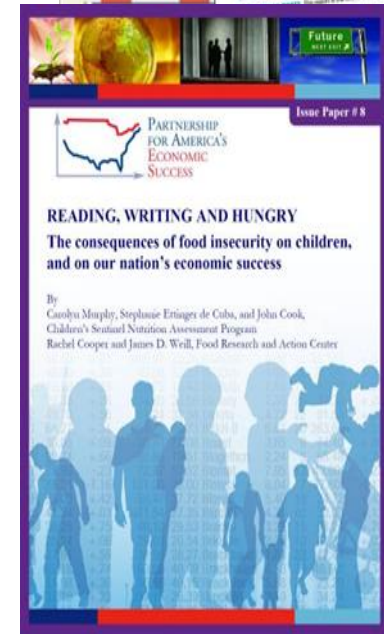
## Earnings and unemployment rates by educational attainment

Unemployment rate in 2014 (%)

Median weekly earnings in 2014 (\$)



Note: Data are for persons age 25 and over. Earnings are for full-time wage and salary workers.  
Source: Current Population Survey, U.S. Bureau of Labor Statistics, U.S. Department of Labor



# Evidence on Housing Quality

- Accidents/Injuries – exposed wiring, needed repairs
- Development and worsening asthma, allergies tied - specific housing conditions
  - Pests (cockroaches and mice)
  - Molds/Chronic Dampness
  - Tobacco smoke
- Lead exposure tied to long term effects
- Anemia, developmental delay, aggression, and deficit



Skinner et al, 2014



## Poor Quality Housing Is Tied to Children's Emotional and Behavioral Problems

*Parents' stress from housing problems takes a toll on children*

by REBEKAH LEVINE COLEY, TAMA LEVINE, ALICIA DOYLE LYNCH, AND MELISSA K. PERIN

SEPTEMBER 2013

A family's home is their haven, but for those who have to choose between living with leaking roofs and mold, or for those who have to choose between paying for rent or for food, or for those who repeatedly move in search of higher quality or more affordable housing, one's place of refuge is not very homey.

This brief examines how housing characteristics affect children and families' well-being.<sup>1</sup> Among the variables tested, poor housing quality was the most significant and strongest predictor of emotional and behavioral problems in low-income children and youth. It also had a significant association with school performance among children. Housing affected children because the stress associated with unhealthy and unsafe conditions affected parents' ability to care for their children.

### Advantages of the Current Study

Past research has identified several aspects of poor housing that are thought to be associated with children's health and well-being.<sup>2</sup> Researchers, for example, have found that poor housing—exposed wiring, peeling lead paint, rodent infestation, and the like—may contribute to physiological stress in children, inhibiting their emotional stability and learning. Similarly, residential instability may interrupt peer

- Poor housing quality strongest predictor of emotional and behavioral problems in low-income children
- Much of association between poor housing quality and children's wellbeing operates through parental stress and parenting behaviors

relationships. On the other hand, owning one's home or receiving government subsidies may increase family stability and social connections, helping to improve children's school success.

# Stability: The Housing Iceberg



**HOMELESS**

**HIDDEN HOMELESS:**

**HOUSING INSECURE**

- overcrowded
- multiple moves
- behind on rent

**UNAFFORDABLE HOUSING**



## US Housing Insecurity and the Health of Very Young Children

Diana Becker Cutts, MD, Alan F. Meyers, MD, MPH, Maureen M. Black, PhD, Patrick H. Casey, MD, Mariana Chilton, PhD, MPH, John T. Cook, PhD, Joni Geppert, MPH, RD, LN, Stephanie Ettinger de Cuba, MPH, Timothy Heeren, PhD, Sharon Coleman, MPH, MS, Ruth Rose-Jacobs, ScD, and Deborah A. Frank, MD

### Children in housing-insecure families more likely to be

- Food insecure
- In fair/poor health
- At risk for developmental delays
- Seriously underweight

(compared to children in housing-secure families)

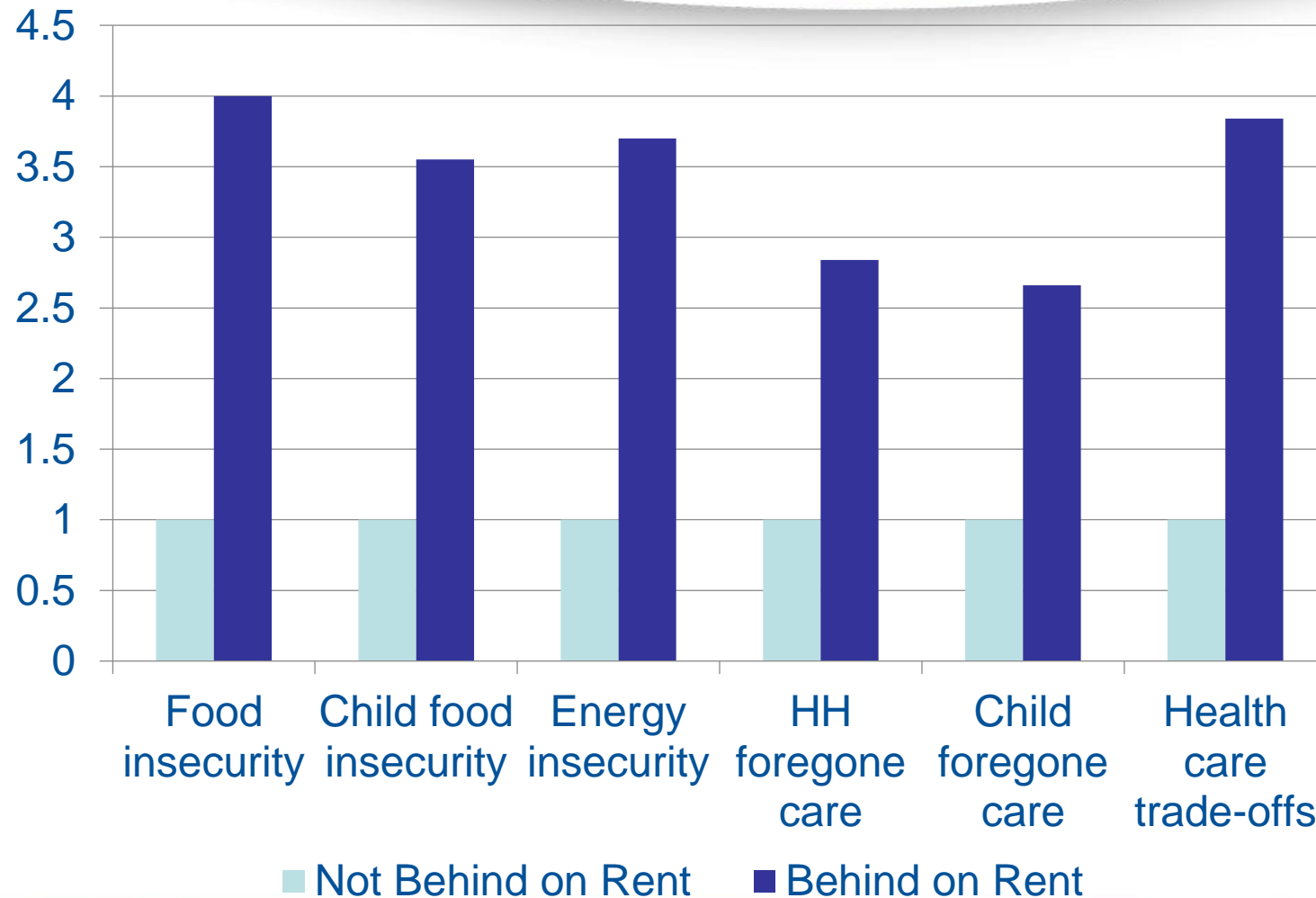
In the United States, as housing is considered a determinant of health.<sup>1</sup> Poor housing has been linked to multiple health outcomes in both children and adults. The U.S. Department of Health and Human Services defines housing insecurity as high housing costs relative to income, poor housing quality, overcrowding, and homelessness.<sup>2</sup> Crowding in the home has been linked to health outcomes for children. Crowding is associated with mental health problems, stress,<sup>4</sup> child and parent relationships,<sup>3</sup> and sleep problems. Children in crowded households are at higher risk for childhood injuries,<sup>6</sup> respiratory conditions,<sup>7</sup> and infectious disease.<sup>7</sup> Adults<sup>8</sup> and children in crowded households are less likely to use preventive health services than are those in noncrowded households, and families with multiple moves are less likely to establish a medical home and seek out preventive health services for their children than are securely housed families.<sup>10</sup>

adjusted income has been used as the threshold for affordable housing costs. But affordability

HealthWatch study approached 36618 adult caregivers of children younger than 3 years at

Cutts et al, 2011

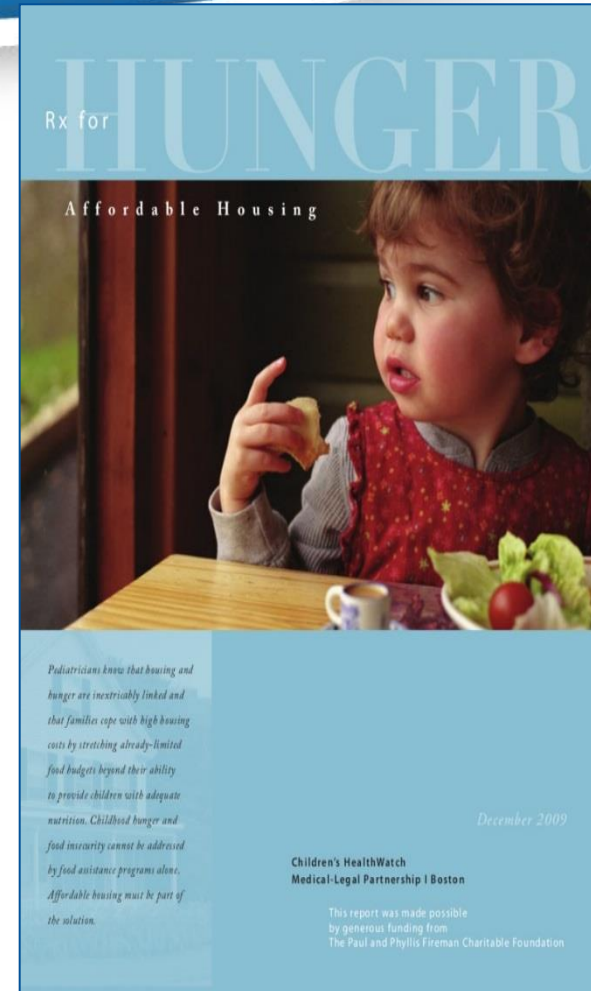
# Being behind on rent strong indicator of other household hardship



Cutts et al. In preparation.

# R<sub>x</sub> for Hunger: Affordable Housing

- Housing subsidies free up resources for food & other necessities
- Children in subsidized housing (compared to those on waitlist)
  - More likely food secure
  - Less likely underweight
  - More likely a “well” child





# Subsidized Housing and Children's Nutritional Status

## Data From a Multisite Surveillance Study

Alan Meyers, MD, MPH; Diana Cutts, MD; Deborah A. Frank, MD; Suzette Levenson, MEd, MPH; Anne Skalicky, MPH; Timothy Heeren, PhD; John Cook, PhD; Carol Berkowitz, MD; Maureen Black, PhD; Patrick Casey, MD; Nieves Zaldivar, MD

**Background:** A critical shortage of affordable housing for low-income families continues in the United States. Children in households that are food insecure are at high risk for adverse nutritional and health outcomes and thus may be more vulnerable to the economic pressures exerted by high housing costs. Only about one fourth of eligible families receive a federally financed housing subsidy. Few studies have examined the effects of such housing subsidies on the health and nutritional status of low-income children.

**Objective:** To examine the relationship between receiving housing subsidies and nutritional and health status among young children in low-income families, especially those that are food insecure.

**Design:** Cross-sectional observational study.

**Setting and Participants:** From August 1998 to June 2003, the Children's Sentinel Nutrition Assessment Program interviewed caregivers of children younger than 3 years in pediatric clinics and emergency departments in 6 sites (Arkansas, California, Maryland, Massachusetts, Minnesota, and Washington, DC). Interviews included demographics, perceived child health, the US Household Food Security Scale, and public assistance program participation. Children's weight at the time of the visit was documented. The study sample consisted of all renter households identified as low income by their participation in at least 1 means-tested program.

**Main Outcome** reported child malnutrition.

**Results:** Data from 27 families; 27% and 24% were stratified by housing status. Adjusted for food-insecure, lower weight (OR 0.205;  $P < .05$ ) food-insecure families compared with subsidies, the adjusted odds ratio (95% confidence interval) for weight-for-age z score more than 2 SDs below the mean was 2.11 (1.34-3.32) for children in food-insecure, non-subsidized families.

**Conclusions:** In a large convenience sentinel sample, the children of low-income renter families who receive public housing subsidies are less likely to have anthropometric indications of undernutrition than those of comparable families not receiving housing subsidies, especially if the family is not only low income but also food insecure.

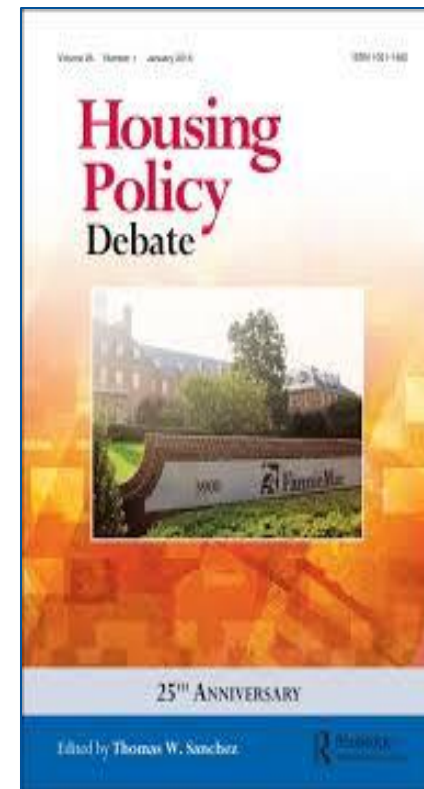
Arch Pediatr Adolesc Med. 2005;159:551-556

Even after controlling for food insecurity, children living in subsidized housing had healthier weights for their age, while those in food-insecure families without a subsidy were more likely to be seriously underweight.



# Subsidized Housing Index

- Focus – low-income families with young children in cities with fewer subsidized units than need
  - higher rates of housing insecurity
- County-level index of availability of subsidized housing
  - Total # sub. units available (occ + unocc) relative to demand, low-income households paying >30% of income for rent



Bailey et al. Housing Policy Debate, 2015.

# Subsidized Housing Index

## if supply increases what can cities expect?

- Tested changes in supply against components of housing insecurity
  - Behind on rent
  - Overcrowding
  - Multiple moves
  - Homelessness

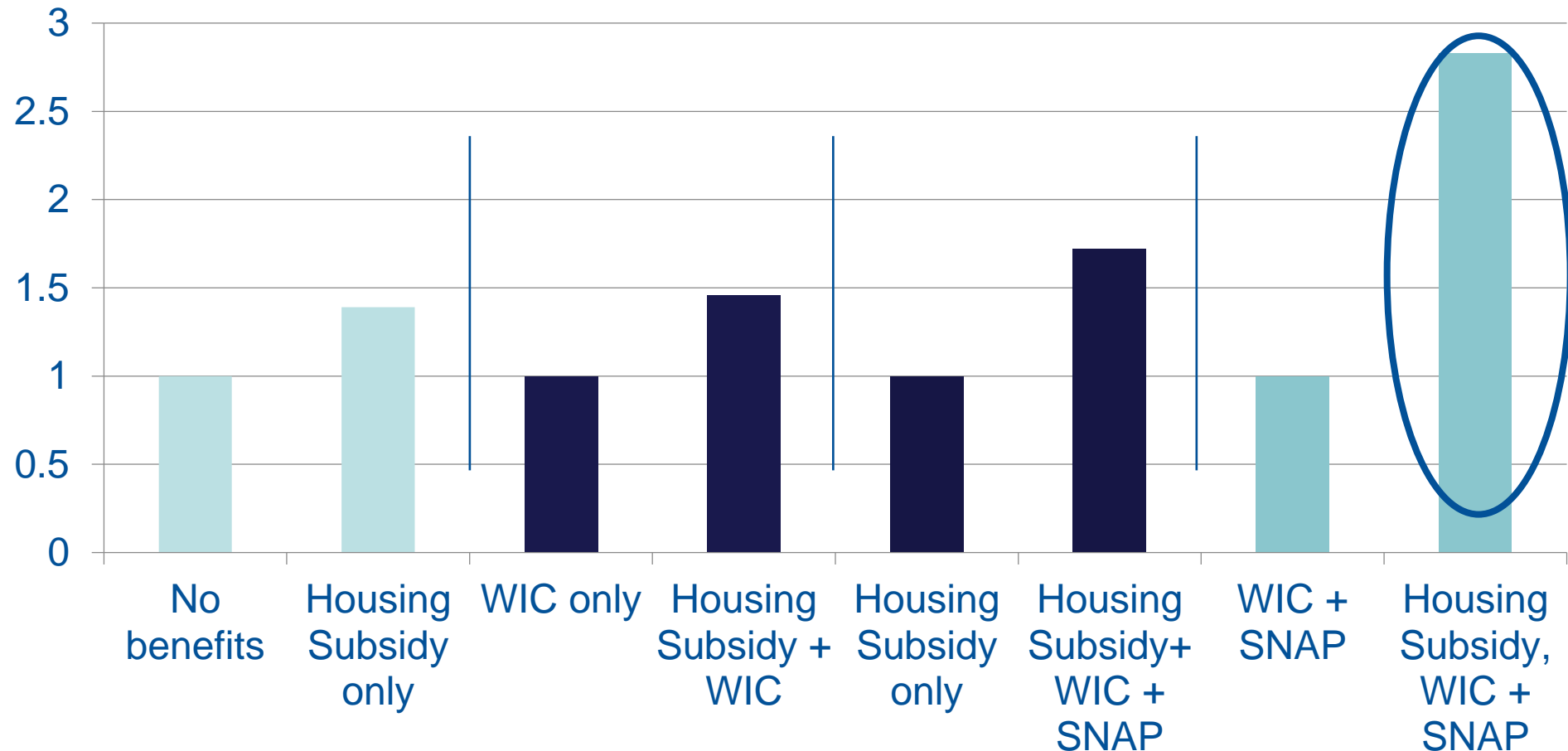


- **If 5% increase in supply units/1000 low-income** **sub housing**
- **approx 30% decrease each – overcrowding, multiple moves**

# Building the evidence for change co-enrollment & interplay with basic needs

Sandel et al. JARC, 2015.

## Combinations of benefits and odds of Housing Security



# Homelessness: does timing matter?

Yes!

- Comparison - birth outcomes
  - Consistently housed
  - Homeless prenatally
  - Homeless postnatally
- Mothers' characteristics or homelessness itself?
- Prenatal homeless – increased risk of
  - Low birthweight
  - Preterm delivery
  - Lower weight at birth



Cutts et al. MCH, 2014.



# Compounding Stress

The Timing and Duration Effects of Homelessness on Children's Health

By Megan Sandel, MD MPH, Richard Sheward, MPP, and Lisa Sturtevant, PhD

June 2015

Decades of scientific research has demonstrated that homelessness experienced during early childhood is harmful to a child's growth and development.<sup>1</sup> The stress of homelessness during early childhood can lead to potentially permanent harmful changes in brain and body function, in turn causing higher levels of stress-related chronic diseases later in life.<sup>2</sup> In addition, a growing body of evidence has established that a child's health and development are critically dependent on his mother's mental and physical well-being during pregnancy.<sup>3</sup>



New research from Children's HealthWatch illustrates there is no safe level of homelessness. The timing (pre-natal, post-natal) and duration of homelessness (more or less than six months) compounds the risk of harmful child health outcomes. **The younger and longer a child experiences homelessness, the greater the cumulative toll of negative health outcomes, which can have lifelong effects on the child, the family, and the community.**

### The Children's HealthWatch Research Network

Researchers from Children's HealthWatch collected data from over 20,000 caregivers of low-income children under the age of four with public or no health insurance. These caregivers were interviewed in urban pediatric clinics and emergency departments in five U.S. cities from 2009 through 2014. Interview data were analyzed to assess children's health and development and to compare outcomes for children who experienced homelessness at some point in their lives with children who were never homeless.

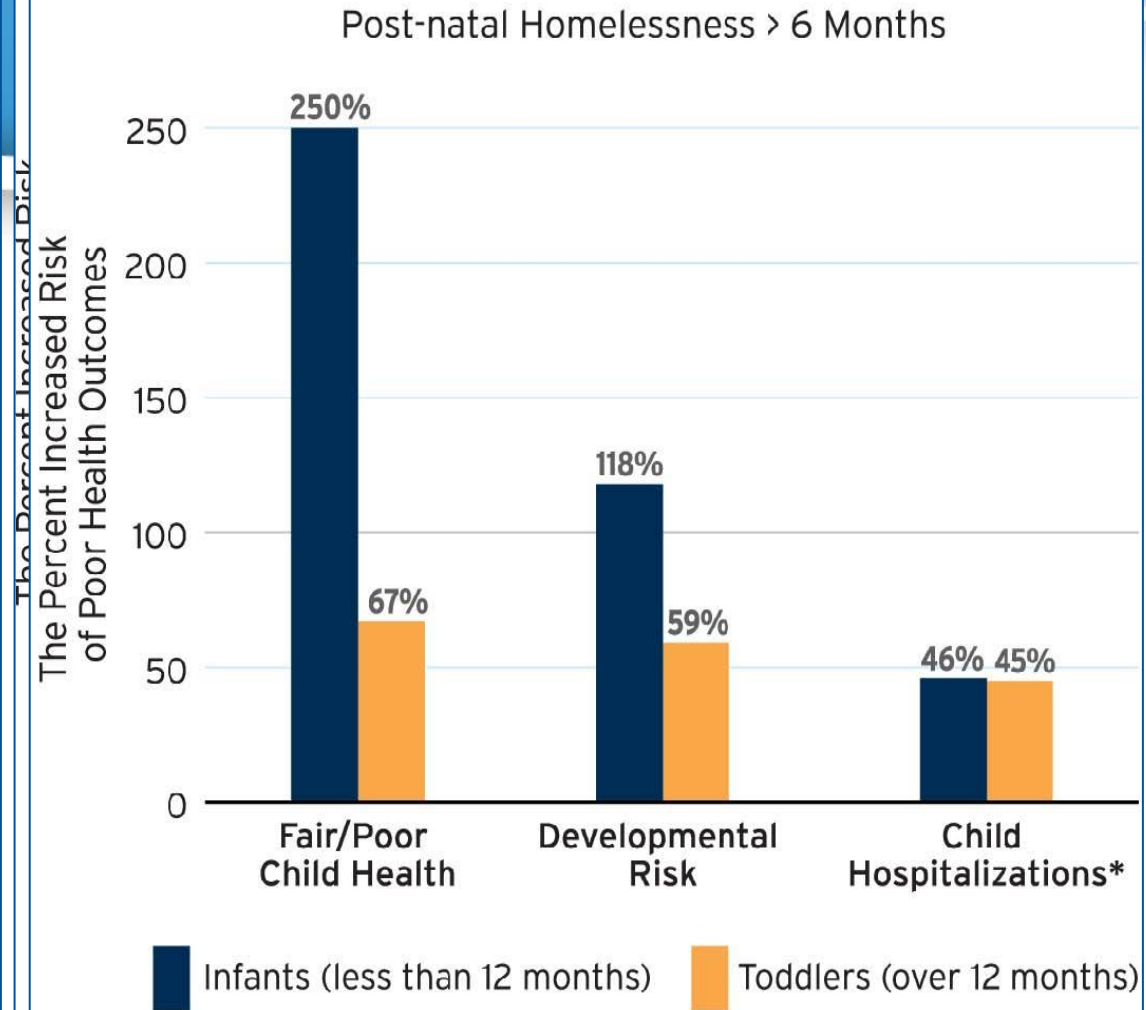
### New Research Findings

While pre-natal and post-natal child homelessness were each separately associated with poor health outcomes for children, the combination of pre-natal and post-natal homelessness resulted in a so-called "dose-response" effect that compounded the health risks linked to both pre-natal and post-natal homelessness. In addition, longer periods of homelessness among children generally were associated with worse health outcomes.

THE CENTER FOR HOUSING POLICY IS THE RESEARCH DIVISION OF THE



FIGURE 2  
Long Duration of Post-natal Homelessness Affects Child Health



The comparison group for these data is children who were never homeless. All findings statistically significant at  $p < .05$ , except \*hospitalizations among infants ( $p = .06$ ).

Source: Children's HealthWatch Data, May 2009-December 2014.

# Child Homelessness Contributes to High Health Care Spending

- In 2014 an estimated **671,000** children age four or under had been homeless at some point or were born to a mother who was homeless when she was pregnant
- These children, as a group, experienced **18,600** additional hospitalizations attributable to their experience of homelessness
- The estimated total annual cost of hospitalizations attributable to homelessness among children age four and under in 2015 alone were over **\$238 million nationally**, with more than half of those costs associated with hospitalizations of infants under the age of one



# Housing as a Health Care Investment

## Affordable Housing Supports Children's Health

By Megan Sandel, MD, MPH; John Cook, PhD, MAEd; Ana Poblacion, MS; Richard Sheward, MPP; Sharon Coleman, MS, MPH; Janet Viveiros, MPP; and Lisa Sturtevant, PhD

MARCH 2016

Affordable and stable housing plays a critical role in supporting the health and well-being of children. Research from Children's HealthWatch shows public investment in housing—including housing for homeless families and rental assistance for food-insecure families—improves the health outcomes of vulnerable infants and young children and lowers health care spending.

Previous research from Children's HealthWatch demonstrated the harmful impact homelessness has on the health of young children and that the negative health outcomes are compounded when a mother is homeless both before and after her child is born.<sup>1</sup> New findings from Children's HealthWatch researchers show affordable and stable housing made possible through rental assistance is associated with better health outcomes for infants in vulnerable families.

Investments in programs that house families in need and have the potential to reduce public spending on health care can be a double win for public policy. Given the significant impact stable

and affordable housing has on the health of children, policymakers should consider how to expand investment in affordable housing and services for vulnerable families to improve the health outcomes of young children and reduce health care spending.

### Homelessness Harms Young Children's Health

Previous research from Children's HealthWatch illustrates the devastating impact of homelessness on children's health. While pre- and post-natal child homelessness are each separately associated with poor health outcomes for children, the combination of pre- and post-natal homelessness demonstrates a "dose-response" effect that compounds the health risks linked individually to pre- and post-natal homelessness.<sup>2</sup>

When compared to children who were never homeless:

- Children who experienced pre-natal homelessness (i.e., their mothers were homeless during pregnancy but were housed after their birth) were **20 percent more likely to have been hospitalized** since birth.
- Children who experienced post-natal homelessness (i.e., their mothers were housed during pregnancy but were homeless when the children were infants and/or toddlers) were **22 percent more likely to have been hospitalized** since birth.
- Children who experienced both pre- and post-natal homelessness were **41 percent more likely to have been hospitalized** since birth.



**FIGURE 1. Hospitalization Costs Associated with Children's Homelessness, 2015 (in 2015 dollars)**

TOTAL **\$238** million

**\$132**  
million



**\$106**  
million

**55%**

- 1-4 years of age
- Less than 12 months

**45%**

Source: Children's HealthWatch Calculations.

# Affordable Housing Reduces Infant Hospitalizations

- Infants in food-insecure families with rental assistance during the pre-natal period were **43 percent less likely to have been hospitalized** compared to infants in food-insecure families eligible for but not receiving rental assistance.
- Health care cost savings associated with avoided hospitalizations among infants in food-insecure families with rental assistance were an estimated **\$20 million— or 1,200 avoided hospitalizations**—in 2015

# Housing as a Health Care Investment

## Affordable Housing Supports Children's Health

By Megan Sandel, MD, MPH; John Cook, PhD, MAEd; Ana Poblacion, MS; Richard Sheward, MPP; Sharon Coleman, MS, MPH; Janet Viveiros, MPP; and Lisa Sturtevant, PhD

MARCH 2016

Affordable and stable housing plays a critical role in supporting the health and well-being of children. Research from Children's HealthWatch shows public investment in housing—including housing for homeless families and rental assistance for food-insecure families—improves the health outcomes of vulnerable infants and young children and lowers health care spending.

Previous research from Children's HealthWatch demonstrated the harmful impact homelessness has on the health of young children and that the negative health outcomes are compounded when a mother is homeless both before and after her child is born.<sup>1</sup> New findings from Children's HealthWatch researchers show affordable and stable housing made possible through rental assistance is associated with better health outcomes for infants in vulnerable families.

Investments in programs that house families in need and have the potential to reduce public spending on health care can be a double win for public policy. Given the significant impact stable

and affordable housing has on the health of children, policymakers should consider how to expand investment in affordable housing and services for vulnerable families to improve the health outcomes of young children and reduce health care spending.

### Homelessness Harms Young Children's Health

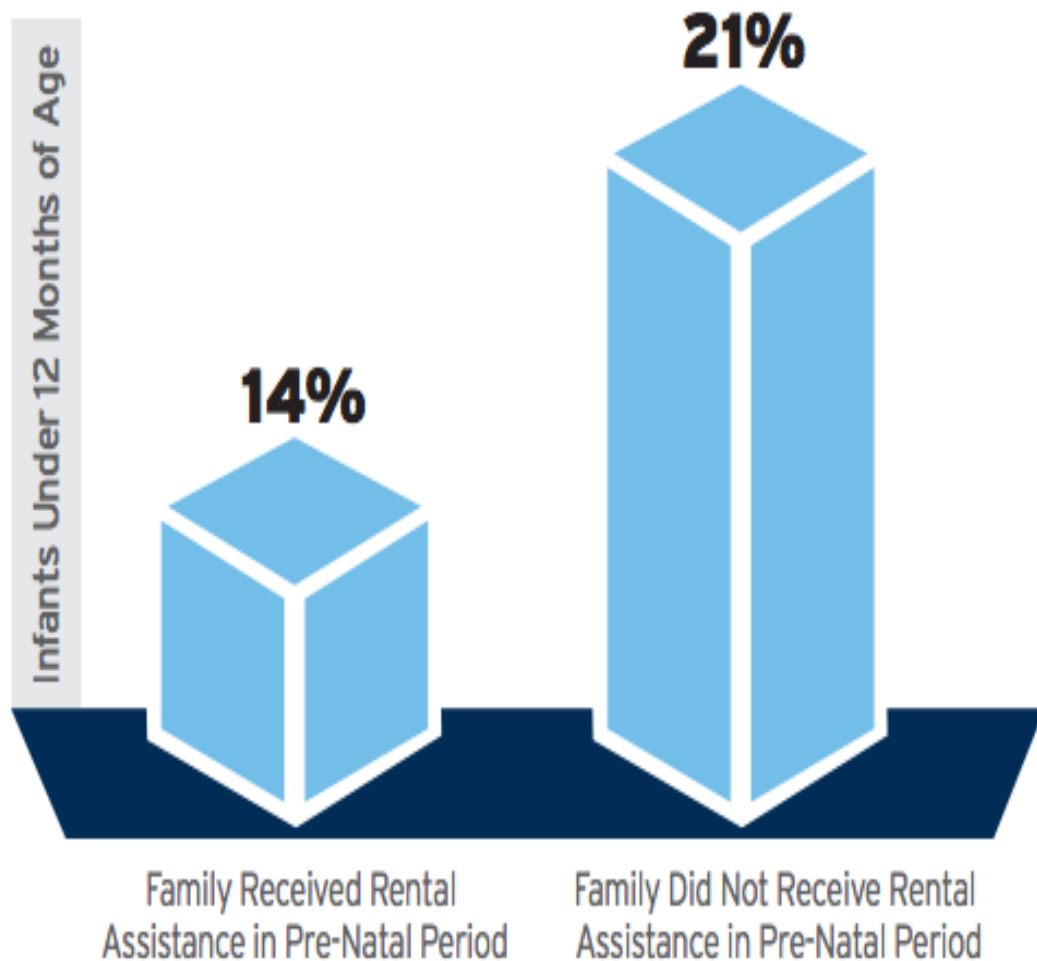
Previous research from Children's HealthWatch illustrates the devastating impact of homelessness on children's health. While pre- and post-natal child homelessness are each separately associated with poor health outcomes for children, the combination of pre- and post-natal homelessness demonstrates a "dose-response" effect that compounds the health risks linked individually to pre- and post-natal homelessness.<sup>2</sup>

When compared to children who were never homeless:

- Children who experienced pre-natal homelessness (i.e., their mothers were homeless during pregnancy but were housed after their birth) were **20 percent more likely to have been hospitalized** since birth.
- Children who experienced post-natal homelessness (i.e., their mothers were housed during pregnancy but were homeless when the children were infants and/or toddlers) were **22 percent more likely to have been hospitalized** since birth.
- Children who experienced both pre- and post-natal homelessness were **41 percent more likely to have been hospitalized** since birth.



**FIGURE 2. Prevalence of Hospitalization Among Food-Insecure Infants, 2015**



All findings statistically significant at  $p < .05$ .  
Source: Children's HealthWatch Data, May 2009–December 2015.

# Healthy Start in Housing

## Targeting the vaccine:

- Housing insecure, high risk pregnant/ parenting families, child <5 with complex condition requiring specialty care
- Secure and retain housing to
  - improve birth outcomes
  - improve the health and well-being of women and families
- Provision of housing
- Intensive case management: housing retention, engagement in services, family development plan





# Health Insurance Companies & Hospitals: Housing Investment

- **Encouraged by ACA changes**
  - ACOs – containing costs of continuum of care
  - Coordination with partnering organizations
  - Contributed to IRS changes - exemptions
  - Non profit hospitals – community benefit “health, not just health care, needs”
- **New York State Medicaid waiver** – Medicaid redesign and supportive housing
- **UnitedHealth Group** - \$250 mill investment in construction, 13 states - especially communities where serving Medicare/Medicaid
- **ProMedica** – rental assistance, health care services, case management
- **Nationwide Children’s Hospital (OH)** – Healthy Homes, surrounding neighborhoods

# Housing Influences Health

- New understanding of interplay of how housing influences health
  - Quality- Physical and mental health
  - Stability- Beyond homelessness
  - Affordability- Hardships are interconnected
- Housing can act like a vaccine
  - Provide Multiple, Long Lasting Benefits
  - Differential Benefits to Individuals and Societies
- Deciding how we can pay for it requires effective partnerships and creativity





# Policy Solutions

- Expanding funding for rental assistance programs
- Creating more affordable housing suitable for families
- Making housing voucher programs easier for families to navigate
- Ensuring access to supportive services for families receiving rental assistance
- Considering vulnerable families to be a special population



# Thank You!

The mission of Children's HealthWatch is *to improve the health and development of young children by informing policies that address and alleviate economic hardships.*

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# Q & A

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# Thank You

