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
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
5. Please complete the webinar evaluation
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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

Health Outcomes

- Length of Life (50%)
- Quality of Life (50%)

Health Factors

- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
- Physical Environment (10%)
  - Air & Water Quality
  - Housing & Transit

Policies & Programs

County Health Rankings model © 2014 UWPHI
Geography as a Predictor of Health
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

- Extremely Low Income: 78.6%
- Very Low Income: 36.5%
- Low Income: 10.9%
- Moderate Income: 3.1%
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.
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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

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

<table>
<thead>
<tr>
<th>Unemployment rate in 2014 (%)</th>
<th>Median weekly earnings in 2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.0</td>
<td>Less than a high school diploma</td>
</tr>
<tr>
<td>6.0</td>
<td>High school diploma</td>
</tr>
<tr>
<td>6.0</td>
<td>Some college, no degree</td>
</tr>
<tr>
<td>4.5</td>
<td>Associate’s degree</td>
</tr>
<tr>
<td>3.5</td>
<td>Bachelor’s degree</td>
</tr>
<tr>
<td>2.8</td>
<td>Master’s degree</td>
</tr>
<tr>
<td>1.9</td>
<td>Professional degree</td>
</tr>
<tr>
<td>2.1</td>
<td>Doctoral degree</td>
</tr>
<tr>
<td>All workers: 3%</td>
<td>All workers: $839</td>
</tr>
</tbody>
</table>
Evidence on Housing Quality

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

Skinner et al, 2014
Poor Quality Housing Is Tied to Children’s Emotional and Behavioral Problems

Parents’ stress from trying to make ends meet takes a toll on their children.

by REBEKAH LEVINE-COLEY, TAMAL ELY, ACHICA DOYLE LYNCH, AND MELISSA B. SHERMAN

SEPTEMBER 2013

A family’s home is their haven, a place of refuge for those who have to choose between paying rent or for food, or for the most vulnerable families, repeatedly move in search of better or more affordable housing, one’s place of refuge, very tenuous.

This report examines how housing characteristics are tied to children and families’ well-being. Among the variables tested, poor housing quality was the most consistent predictor of emotional and behavior problems in low-income children and youth. It also showed a strong association with school performance among children affected by substandard housing.

Advantages of the Current Study

Past research has identified several aspects of houses that are thought to be associated with children’s development. Researchers, for example, have found that lead paint, dampness, mold, and infestation, and the like—may contribute to physiological stress in children, inhibiting their emotional stability and learning. Similarly, residential instability may increase poor family functioning. But the report finds that staying in one’s home or receiving government subsidies may increase family stability and social connections, helping to improve children’s school success.

- 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
Stability: The Housing Iceberg

- Homeless
- Hidden Homeless:
  - Overcrowded
  - Multiple moves
  - Behind on rent
- Housing Insecure
- Unaffordable Housing
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)
Being behind on rent is a strong indicator of other household hardship.

R_x 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
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.
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

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 (for every 50 additional sub housing units/1000 low-income burdened HHs)
  - approx 30% decrease each – overcrowding, multiple moves
Building the evidence for change co-enrollment & interplay with basic needs

Combinations of benefits and odds of Housing Security

Sandel et al. JARC, 2015.
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 Steward, MPH, and Lisa Shurtleff, PhD
June 2015

Decades of scientific research has demonstrated that homelessness experienced during early childhood is harmful to a child’s growth and development. 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. 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.

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 even more negative health outcomes. The combination of pre-natal and post-natal homelessness resulted in greater risk of chronic diseases later in life.

In addition, longer periods of homelessness among children generally were associated with worse health outcomes.

The percent increased risk of poor health outcomes:
- Fair/Poor Child Health
- Developmental Risk
- Child Hospitalizations*

Infants (less than 12 months) Toddlers (over 12 months)

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).

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 Coo, PhD, M.A.E.; A. Tovalon, MD; Richard Stew, MPP; Sharon Fokan, MS, MPP; Janet Venkler, MPP; and Lisa Sturtvent, 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. 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 postnatal child homelessness are each separately associated with poor health outcomes for children, the combination of pre- and postnatal homelessness demonstrates a "dose-response" effect that compounds the health risk linked individually to pre- and postnatal homelessness.

When compared to children who were never homeless:

- Children who experienced postnatal 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 postnatal 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 postnatal homelessness were 41 percent more likely to have been hospitalized since birth.

Source: Children's HealthWatch Calculations.
Affordable Housing Reduces Infant Hospitalizations

- Infants in food-insecure families with rental assistance during the prenatal 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, MALS; Ana Peralta, MD; Richard Steward, MPP; Sharen Coleman, MS, MPP; Janet Weiskopf, MPP; and Lisa Surtewent, PhD

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All findings statistically significant at p<.05.
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

Boston Public Health Commission & Boston Housing Authority
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 Society

- Deciding how we can pay for it requires evidence-based 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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WEBINAR EVALUATION:

HTTPS://WWW.SURVEYMONKEY.COM/R/35WRSVQ