

Issue At A Glance:

Housing, Health and Healthcare

Housing has a significant relationship to health and healthcare. This issue brief seeks to explain this close relationship and highlight approaches that can improve both healthcare and housing conditions for vulnerable Americans.

Introduction

When we think of adequate healthcare, we picture state of the art facilities and competent physicians. However, housing is also an important social determinant of health that needs to be considered. Cost burden, stability, safety, and location of housing all affect health outcomes.

Despite housing's close relationship to health, few of the most vulnerable people have access to affordable housing. Even before the COVID-19 pandemic, the amount of affordable housing available to extremely low-income households was inadequate. In 2019, there was a 3.4 million absolute shortage of affordable homes in the United States for extremely low-income renters.⁷

The COVID-19 pandemic has exacerbated already existing inequalities in housing. Many of the households at the extremely low-income threshold are employed in sectors hit hard by the pandemic. Communities of color are the hardest hit as they tend to spend a larger share of their income on housing and work in industries that are susceptible to job losses.⁸ In addition, over half a million Americans are homeless. These individuals are at the greatest risk of detrimental health outcomes due to a lack of shelter.⁷

Housing Statistics⁷

- 40%** of metropolitan areas with a severe affordable housing shortage are in California
- 50%** of unhoused people are also unsheltered
- 30%** of Black renter households spend more than 50% of their income on housing
- 9%** Decrease in temporary housing beds has occurred over the past 5 years

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LEGACY OF RACIST HOUSING POLICIES

For decades, banks, insurers, real estate agents, and even the federal government participated in discriminatory housing practices. Redlining, the practice of designating minority neighborhoods as “high risk” for mortgage loans, made buying a home nearly impossible for Black people and other minorities. While the Federal Housing Act of 1968 outlawed housing discrimination, the lasting effects of previously discriminatory policies are still felt in communities of color today—most notably in the form of a massive racial wealth gap.



Housing and Health Outcomes

There are 4 pathways by which housing affects health: stability, quality and safety, affordability, and neighborhoods.⁵

Stability: Studies have shown that people with unstable housing are at a greater risk for negative health outcomes. One study found that foreclosures were associated with increased levels of substance abuse, depression, suicide, and other forms of psychological distress.⁵ Children who experience homelessness, even only while in utero, are at a greater risk for stress related chronic diseases.⁹ On the other hand, housing chronically homeless people with behavioral health conditions generated savings of \$29,000 per person.⁵

Quality and Safety: Quality and safety refer to the environmental conditions one lives in that can be correlated with poor health. One well known example is lead exposure in the home that causes damage to the brain and nervous system, leading to developmental and growth delays. Pest infestation, unclean carpets, and subpar ventilation all lead to poor health outcomes, especially for those with asthma. Removing asthma triggers like these has been shown to reduce healthcare costs in children and adults. In addition, banning smoking in affordable housing has reduced the number of smokers and levels of second-hand smoke exposure.⁵

Affordability and Neighborhoods: Individuals without affordable housing have less money to spend on other essentials like healthcare. These families are more likely to go without prescribed medicines, postpone doctor visits, and delay needed treatment. Access to neighborhood resources like grocery stores, public transportation, and green spaces can all affect health. For example, a study found that people walking next to vacant lot that was “greened” had a lower heart rate than those walking next to a non-greened vacant lot.⁵

Housing and Healthcare

Healthcare Utilization

Stable housing makes healthcare more cost effective. For instance, frequent users of emergency departments (ED) are generally socially disadvantaged, with more than 80% being homeless. When these individuals have affordable and stable housing, however, ED use decreases, psychosocial problems improve, and healthcare costs are reduced.³

In addition, housing security is indispensable for those with chronic conditions. Low-income people are more likely than the general population to have a chronic illness such as lung disease, heart disease, or cancer.¹² The financial burden of these diseases alone is already great. To a person living near the poverty line, however, the costs can be astronomical. Studies have shown that housing as well as food insecurity make it harder for people with chronic conditions to access healthcare services. However, when the chronically ill have stable housing and access to good quality food, healthcare access improves and usage of emergency services is decreased.¹²

Integrating Housing and Healthcare

There are numerous avenues by which communities are seeking to improve access to affordable housing, healthcare, and other important resources. For example, legislative policies like the Community Reinvestment Act (1977) and the Low-Income Tax Credit have



driven development of affordable housing for decades.¹

The private sector is also involved in community development. Nearly 1000 financial institutions work at local, regional, and national levels to build and preserve affordable housing. Some of these developers are collaborating with public and private healthcare institutions in a synergistic approach. For example, in St. Paul, MN, community health services partnered with local housing initiatives to provide health services, immigration, and other social services to recent immigrants. Hospital systems like Mount Sinai Hospital are investing in rehabilitation of existing affordable housing. In Rhode Island, the state Health Department created Health Equity Zones. Each Health Equity Zone has a plan for improving population health as well as investment in the local community.¹ These are just a few examples of ways that private companies, public health agencies, hospitals, and other organizations are seeking to increase access to affordable housing and benefit the health of vulnerable communities.

Conclusion

Many things are tied to where we live: our educational opportunities, economic mobility, and social networks to name a few. Our health is no exception. People who have stable, safe, and affordable housing are in a better position to take care of their health. Even the COVID-19 pandemic has shown how vital housing is to one's health. After all, quarantining is impossible if one does not have a place to quarantine.

The stability, safety, affordability, and location of housing all influence health outcomes. Adequate housing increases the cost-effectiveness of healthcare and allows people to manage chronic diseases. Public and private healthcare agencies, hospitals, and governments are working to increase access to affordable housing. However, there is still work to be done. Rising housing costs mean that the budget for Housing and Urban Development (HUD) is mainly being used for maintenance of existing units. Wages are not keeping up with rent inflation, leaving low-income renters at higher risk for slipping into homelessness.⁴ The situation demands that we invest now to improve the health of our communities and decrease housing insecurity.

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Did you know?

Median renter's income increased by merely **0.5%** from 2001-2018 while median rent increased by **13%**.¹³



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