



## At-A-Glance: The Pandemic, Public Health, and a Path Ahead

### The Pandemic, Prisons, & Public Health

Studies have estimated that rates of COVID-19 in U.S. prisons are over five times higher than case rates in the general population (Jahn et al., 2020). Unfortunately, these facilities have a history of magnifying diseases, and a great deal of the COVID-19 clusters in the U.S. have occurred within jails, prisons, and detention centers (Jahn et al., 2020). These facilities often have poor sanitation, inadequate healthcare, lack nutritious food, and prevent the ability to social distance (Jahn et al., 2020). Those who are confined are at greater risk for infectious and chronic diseases both while imprisoned and after release (Acker et al., 2018). These conditions can be damaging to long-term physical and mental health (Acker et al., 2018). Ultimately, mass incarceration affects the health of those incarcerated, their families, and the overall health of the nation (Acker et al., 2018). It is an urgent public health matter that requires attention and system reform for state health improvement.

With nearly 2.2 million U.S. adults and youth behind bars, the United States incarcerates more people than any other nation (Acker et al., 2018). Within the U.S., Delaware has the tenth most prisoners per capita (Bouge, 2017). Overcrowded prisons disproportionately impact marginalized groups and have deep roots stemming from discrimination, creating a barrier to achieving health equity (Acker et al., 2018). People of color represent 39 percent of the national population but are 60 percent of the incarcerated population (Acker et al., 2018). People with disabilities are four times as likely as non-disabled people to end up in jail (Acker et al., 2018). These same groups are at a greater risk for contracting COVID-19. If incarcerated, their chances only increase. Mass incarceration is one pathway of how structural racism leads to poor health outcomes and inequities (Knight et al., 2020). It dismantles the social support and community networks necessary for adequate health and well-being in communities (Wildeman & Wang, 2017). Among communities of color, the stress of racial discrimination directly impacts people physiologically and physically, exhibiting how structural racism is a social determinant of health (Paradies, 2016). Racial discrimination causes people to rely on harmful coping behaviors such as smoking or drinking and is associated with mental health issues (Paradies, 2016). These negative influences and exposures combined can expand over time and across generations (Bailey et al., 2017).

Growing up in poverty is a powerful social determinant of health (Francis et al., 2018). This is represented within the incarceration system (Acker, et al., 2018). People who are incarcerated have a pre-incarceration median income 41 percent lower than that of non-incarcerated people (Acker, et al., 2018). Many people stay incarcerated because they don't have the funds to pay for bail or court-imposed fees (Johnson, 2018). In 2018, House Bill 204 was signed into law in Delaware, which focused on bail reform and introduced a risk assessment tool to curb our overreliance on financial conditions of release (House Bill 204, 2018). It assesses the threat to public safety rather than the ability to pay bail, creating tremendous progress for Delaware. Since then, the pandemic has exposed that there is still much more progress to be made.

High rates of jail incarceration combined with the entering and leaving of staff also endanger surrounding communities. The workers often have no mandatory testing, poor personal protective equipment adherence, and frequent movement throughout the building (Jahn et al., 2020). In retaliation to these conditions, many inmates are requesting decarceration and improved conditions. A recent report reveals that nationally there have been at least 106 COVID-19 related rebellions from March 17th to June 15th (Jahn et al., 2020). Prior to the onset of the COVID-19 pandemic, a fatal prison rebellion took place at James T. Vaughn Correctional Center in Delaware in 2017 (Chapman Jr. & Oberly 2017). An independent review of security issues at the prison found overcrowding, understaffing, mismanagement, poor communication, a culture of negativity, and adversarial relationships among prison staff, administrators, and inmates (Chapman Jr. & Oberly 2017). Following the investigation, measures are being taken to respond to the security issues (Wilson, 2020). However, to protect the health of both incarcerated people and their surrounding communities, we must stop the mass flow of people into jails.

Once released, formerly incarcerated people face higher mortality rates and limited opportunities for employment, stable housing, education, and other essentials (Acker et al., 2018). Mass incarceration also affects their families. Almost 10 million children have experienced having a parent incarcerated at some point in their lives (Acker, et al., 2018). Parental incarceration increases children's risk of substance abuse and involvement in crime as they age and contributes to future health problems, limiting their opportunities for a healthy life (Acker, et al., 2018). Adverse childhood experiences, or ACEs, are potentially traumatic events in childhood, ages 0 to 17 (Felitti et al., 1998). An ACE score is a count of different forms of abuse, neglect, and other indicators of toxic stress during childhood (Felitti et al., 1998). According to the Adverse Childhood Experiences Study, the more traumatic experiences in your childhood, the higher your ACE score is likely to be and the higher your risk for later health problems (Felitti et al., 1998). Parental incarceration is recognized as an adverse childhood experience and raises a child's ACE score (Felitti et al., 1998). Research has found that children of incarcerated parents are exposed to nearly five times as many other ACEs as their counterparts without incarcerated parents (Turney, 2018). Even more, people with an ACE score of 6 or higher are at risk of their lifespan being shortened by 20 years (Brown et al., 2009). This underscores how incarceration not only dramatically affects the individual, but also their surrounding community and loved ones. While policies that promote mass incarceration may at first seem like they will make communities safer and stronger, they in fact bring considerable public health implications, as these very policies can have a health impact on generations of children to come.

The Delaware State Health Improvement Plan (SHIP) recommends adopting a policy, systems, and environmental (PSE) approach to improving the health of Delawareans (Rattay et al., 2020). "Policy, systems, and environmental (PSE) change is a way of modifying the environment to make the right to health a reality for all community members. PSE changes influence laws, shape physical landscapes, and help to improve institutions to make healthy living easier and to tackle the root causes of health inequities" (Cook County Department of Public Health, 2018). Many conditions that lead to crime, mass incarceration, and involvement in the criminal justice system result from failures across these broader dimensions (O'Neal, et al., 2016). An example of policies that move us in the right direction in terms of incarceration and public health is House Bill (HB) 37. In Delaware, on January 26th, 2021, HB 37 passed the House Corrections Committee after strong support from Delawareans (House Bill 37, 2021). HB 37, the public health emergency credit bill, creates a public health emergency credit that permits an early release from prison during times of crisis (House Bill 37, 2021). For every month served during a public health emergency, a person would receive six months' credit, up to a maximum reduction in sentence of one year (House Bill 37, 2021). This bill aims to reduce the prison population, remove pressure on faculty and create better conditions for the incarcerated to social distance (House Bill 37, 2021).

Beyond policies and legislation, strategies that promote a healthier, safe environment are also a critical part of the PSE approach. In fact, the environmental aspect of PSE has been applied to some communities using environmental design to prevent crime (David-Ferdon et al., 2016). Environmental features like physical design, the number of people in a space, and how it is utilized are all connected to crime rates (David-Ferdon et al., 2016). Crime Prevention Through Environmental Design (CPTED) is an approach that concentrates on improving the design of the built environment to reduce disputes, violence and promote positive behavior (David-Ferdon et al., 2016). This approach decreases gun violence, youth homicide, and violent crime (David-Ferdon et al., 2016). It encourages positive impacts on residents by reducing stress while simultaneously increasing community pride and physical health (David-Ferdon et al., 2016). Examples of this implementation include fixing abandoned buildings or vacant lots, cleaning neighborhood green spaces, and maintaining neighborhood housing (David-Ferdon et al., 2016).

Finally, to create healthy communities from a system-level perspective as part of a PSE approach, scientific literature provides insight into the effectiveness of alternatives to the criminal justice system (Acker, et al., 2018). Alternatives such as mental health and drug treatment, restorative justice, affordable housing, and immigration reform have been shown to lead offenders and their communities to better outcomes (Acker, et al., 2018). There is a common misconception that mass incarceration or punishment reduces violent crime (Stemen, 2017). Using prisons to address poverty and mental illness only creates more problems. People often leave overcrowded and harsh environments more traumatized, mentally ill, and physically battered than they went in (Stemen, 2017). However, depending on prisons as a primary solution removes the opportunity to implement and scale more effective, science-based solutions. Different resolutions that move beyond an after-the-fact criminal justice system response approach and integrate other frameworks and multi-sector approaches are critical if we are truly going to address, prevent, and reduce crime in a way that also does not continue to exacerbate unhealthy and dangerous conditions (O'Neal et al., 2016). Rather than invest in prisons and punishment, investing in the power of public health science and prevention, and building healthy, equitable communities from the start, will not only lead to healthier people but safer communities.

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**Did you know**

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Source: Cook County Department of Public Health, 2018

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## References

- Acker, J., Braveman, P., Arkin, E., Leviton, L., Parsons, J., & Hobor, G. (2020, March 23). Mass incarceration Threatens Health equity in America. Retrieved April 17, 2021, from <https://www.rwjf.org/en/library/research/2019/01/mass-incarceration-threatens-health-equity-in-america.html>
- Adverse childhood experiences (aces). (2020, April 03). Retrieved April 26, 2021, from <https://www.cdc.gov/violenceprevention/aces/index.html>
- An Act To Amend Title 11, H.B. 204, 149th General Assembly, 2018 (DE, 2018) [Bill Detail - Delaware General Assembly](#)
- Bailey, Z., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017, April 8). Structural racism and health inequities in the USA: Evidence and interventions. Retrieved May 13, 2021, from [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)
- Bouge, M. (2018, December 04). End mass incarceration to make prisons safer. Retrieved April 17, 2021, from <https://www.aclu-de.org/en/news/end-mass-incarceration-make-prisons-more-safe>
- Brown DW, et al "Adverse childhood experiences and the risk of premature mortality" Am J Prev Med 2009; DOI: 10.1016/j.amepre.2009.06.021.
- Chapman Jr., W. L., & Oberly, III, C. M. (2017). *Final Report: Independent Review of Security Issues at the James T. Vaughn Correctional Center* (Rep.). Retrieved 2020, from <https://governor.delaware.gov/wp-content/uploads/sites/24/2017/08/JTVCC-Independent-Review-Team-FINAL-Report-1.pdf>
- David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N. & Hall, J. E. (2016). A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998 May;14(4):245-58. doi: 10.1016/s0749-3797(98)00017-8. PMID: 9635069.
- Francis, L., DePriest, K., Wilson, M., Gross, D., (September 30, 2018) "Child Poverty, Toxic Stress, and Social Determinants of Health: Screening and Care Coordination " *OJIN: The Online Journal of Issues in Nursing* Vol. 23, No. 3, Manuscript 2.
- House Bill 37. (2021, April 1). House Bill 37. Bill Detail - Delaware General Assembly. <https://legis.delaware.gov/BillDetail/48220>.

Health risks with an ace score of 0. (2020, December 25). Retrieved April 26, 2021, from <https://stopabusecampaign.org/what-are-adverse-childhood-experiences/take-your-ace-test/ace-score-of-0/#:~:text=People%20with%20an%20ACE%20score%20of%206%20or,you%20to%20an%20increased%20risk%20of%20these%20things>

Jahn, J., Mitchell, C., & Conner, C. (2020, December 8). Incarceration is a public health crisis, during covid-19 and beyond. Retrieved April 17, 2021, from <http://info.primarycare.hms.harvard.edu/blog/incarceration-covid-19#:~:text=Overcrowding%20in%20jails%2C%20prisons%2C%20and,also%20create%20poor%20health%20outcomes>

Johnson, C. (2018, July 11). The real solution to Delaware's Dangerous, understaffed prisons: End mass incarceration. Retrieved April 17, 2021, from <https://www.delawareonline.com/story/opinion/contributors/2018/07/11/real-solution-delawares-prison-problems-end-mass-incarceration/774455002/>

Knight, E., Codes-Johnson, C., Rendon, S., McDonough K., (2020). Structural racism as a fundamental cause of Health inequities in Delaware and beyond: *Delaware Journal of Public Health*, 6(5), 18-25. doi:10.32481/djph.2020.11.007

O'Neal, M., Kendall-Taylor, N., Volmert, A. (2016, July 5). New narratives: Changing the frame on crime and justice. Retrieved April 17, 2021, from <https://www.frameworksinstitute.org/publication/new-narratives-changing-the-frame-on-crime-and-justice/>

Paradies, Y. (2016). (Pdf) racism and health - researchgate. Retrieved May 13, 2021, from [https://www.researchgate.net/publication/312529441\\_Racism\\_and\\_Health](https://www.researchgate.net/publication/312529441_Racism_and_Health)

Policy, systems, and environmental change, 2018. Action Learning Brief No. 001. Cook County Department of Public Health, MidAmerica Center for Public Health Practice, and Illinois Prevention Research Center, University of Illinois at Chicago. Chicago, IL. November 2018. <https://illinoisprc.org/publications/>

Rattay, K., Codes-Johnson, C., Luta, L., McGloughlin, K., Landgraf, R., Knight, E., & Duckworth, N. (2020). Delaware State Health Improvement Plan 2020 Annual Report (pp. 1-49, Rep.). Newark, DE: Delaware SHIP. doi:[https://img1.wsimg.com/blobby/go/7298608e-3c37-4361-b78a-b30ff51587e/DE%20SHIP%202020%20Annual%20Report\\_FullReport.pdf](https://img1.wsimg.com/blobby/go/7298608e-3c37-4361-b78a-b30ff51587e/DE%20SHIP%202020%20Annual%20Report_FullReport.pdf)

Stemen, D. (2017). The Prison Paradox: More Incarceration (Rep.). Retrieved 2020, from [https://storage.googleapis.com/vera-web-assets/downloads/Publications/for-the-record-prison-paradox-incarceration-not-safer/legacy\\_downloads/for-the-record-prison-paradox\\_02.pdf](https://storage.googleapis.com/vera-web-assets/downloads/Publications/for-the-record-prison-paradox-incarceration-not-safer/legacy_downloads/for-the-record-prison-paradox_02.pdf)

Turney, K. (2018). Adverse Childhood Experiences Among Children of Incarcerated Parents [Review]. 89, 218-225. Retrieved April 26, 2021, from <https://doi.org/10.1016/j.childyouth.2018.04.033> (<https://www.sciencedirect.com/science/article/pii/S0190740918300525>)

Wildeman, C., Dr., & Wang, E. A. (2017, April 8). Mass incarceration, public health, and widening inequality in the USA. Retrieved May 13, 2021, from [https://doi.org/10.1016/S0140-6736\(17\)30259-3](https://doi.org/10.1016/S0140-6736(17)30259-3)

Wilson, X. (2020, May 21). Years after Vaughn riot, state still faces inmate lawsuits claiming abuse, officer impunity. delawareonline.  
<https://www.delawareonline.com/story/news/2020/05/21/lawsuits-claim-inmate-beatings-impunity-among-abusers/3084646001/?gnt-cfr=1>.

Winters, M. (2016, June 20). Criminal justice reform can improve public health. Retrieved April 17, 2021, from <https://www.ama-assn.org/delivering-care/population-care/criminal-justice-reform-can-improve-public-health>



## Q & A

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### **Delaware SHIP Stakeholder Interview with David Bever, Executive Director, and Kailyn Richards, Policy Coordinator, Delaware Center for Justice**

Delaware Center Justice's (DCJ) mission is to listen, amplify and act to seek justice for all Delawareans through advocacy and services.

**Q: How long have you been working with the Delaware Center for Justice (DCJ)? What motivated you to be in this position?**

**David Bever:** I started in December of 2019. I learned about DCJ while working with ACLU on several projects that we collaborated on. I started my career on the systems side of the legal system as a probation officer. It did not take very long to learn that the system does not create justice, I will leave it at that. This is why I moved throughout my career more towards the side of advocacy.

**Kailyn Richards:** I started working at DCJ in June 2017 as an office coordinator and communications assistance. I did a lot of administrative work, event planning, and communications. Recently, I became the policy coordinator in August of 2020. I also coordinate Read In, Read Out, a program that allows incarcerated parents to read to their kids. We send the recording in the books to the kids, so they can read along. I get to do a lot at DCJ and move around a bit. What I like about DCJ and what kept me there is, you are constantly learning new things about the system which is not necessarily a good thing. After all, the system is so broken that we have to have ten or eleven redirect systems to help different populations that are impacted by the legal system. With that, there is always something new to learn about and to change through policy or advocacy. This is what I like about it. We do so much!

**Q: The COVID-19 pandemic has made American inequality painfully clear. What are some of the effects this pandemic has had on the criminal justice system? Do you think it has brought necessary attention to the conditions of confinement?**

**Kailyn:** I think the pandemic has impacted the criminal justice system in so many different ways. For example, the courts are no longer meeting in person. Many of the in-person processes that we had in place are now virtual and some of those court dates and hearings aren't happening as often.

Another way is just in general when we think about who is the most vulnerable in our country - it is justice-involved individuals because the system is not set up for them to succeed. Employment is the biggest thing = justice-involved people being able to find jobs is vital. We have been hearing a lot about how the pandemic has impacted people in our prisons. It has shed a huge light on the conditions of confinement specifically because one of our representatives introduced a bill that would offer incarcerated people a credit towards their sentence. I admired that the House bill acknowledges that prisons were harsh pre-covid and have now intensified. People cannot see their families, the programming has stopped, and the movement in prisons is a lot different. My program that takes place in prison has been paused since March 2020 because it is an in-person program. I appreciate the DOC for doing what is best for folks, but it made us realize that without these things that COVID has taken away from them, prison is extra cruel and inhuman.

**David:** Justice-involved people were doing the jobs that were finally deemed essential during this pandemic, but it put them right in harm's way. Working at a grocery store, service industry, or personal care homes puts them at risk because they cannot work from home. On the flip side, many lower-paying jobs that justice-involved folks receive were not able to be done anymore. For example, many restaurants have closed due to the pandemic. This all falls on the backs of justice-involved people.

**Q: What would you say to those that oppose HB37?**

**Kailyn:** It's a public health issue not only for the people who are incarcerated but also for the staff. The staff goes in and out of the prisons every day to their homes, the community, and grocery stores. So, the idea that we can keep our prisons at normal capacity during the pandemic without it impacting the outside world is simply not true. The numbers show that as of January 2021, two thousand people who are a part of the DOC have tested positive. This includes incarcerated people, staff members, and contractors, making it a public health issue. I also encourage the opposition to have empathy. These people will be going home eventually, and we want to make sure that we acknowledge that prison can harm their mental health and their ability to re-enter society. The sponsor of the bill has a very touching story about her husband who was incarcerated under pre-Covid conditions and was very overwhelmed when released. We need to do more during this pandemic to ensure that people are getting credit for having to be incarcerated under these conditions. We know that being incarcerated under these conditions can impact their success rate when they get out. Ignoring this does not make any sense. We are shooting ourselves in the foot by doing that.

**David:** From a programmatic standpoint, DCJ has a strong re-entry program, community reintegration services program (CRSP). CRSP works with folks throughout the re-entry process after they get out. Last year, we started the transitional re-entry services that meet people at the gate and ensure they can get to all the places they need to go within the first 90 days. Additionally, we plan to take this on and help folks transition out if they can get out.

**Q: What do you believe is the most impactful way to transition people back into society after incarceration?**

**David:** I think anything that builds on the strengths that people have. When people come out, consider what family resources, social support, or community resources they have. Help people access these things. Good re-entry starts at the front door of the criminal justice system. We charge too many people, we incarcerate too many people, and [these policies] are racist. [Strategies] are important even before that. We need to talk about the opportunity's folks have where they come from. We need to build a better system around the system we have because what we have does not work. I do believe there is good work that we can do with people when they get out to find their strengths and what they need to succeed but the deck is stacked against them.

**Kailyn:** In addition to what David said, it is about meeting people where they are and providing basic needs. If someone needs money for groceries or food, we have a program that has a food pantry. It also has hygiene items and offers bus passes, so people can get to and from their probation appointments. As David said, the deck is stacked against them but being able to come up with their first month's rent or security deposit and drive them to their first job interview after they got released are all things our case managers do. They do this to make sure people do not return to crime to meet their basic needs, which is the case for some folks. One thing that we focus on is the behavioral health and mental health of returning citizens. We all feel so much better when we have access to basic items. No one should be worried about where their next meal will come from or how they will get to their appointments.

**Q: What are some common misconceptions about incarceration and organizations like DCJ that seek justice?**

**Kailyn:** One common misconception is that people are responsible for putting themselves in that position or the system. When considering social determinants of health, I bet if you look at their lifespan, you will see what specific experiences led them into the justice system. Another misconception surrounds the term 'career criminals', specifically when used for justice-involved youth. I think everyone is capable of changing with the right tools and support in place. Our current criminal justice system is not that, so DCJ has to step in and offer these services at no cost to our clients. A common misconception is that we support criminals and are pro-offenders. We have services for victims of crime and find that they also support the recommendations we support because our goal is to reduce crime. Mass incarceration does the opposite of that. Ignoring the root causes of crime leads to more crime. The victims' community understands that.

**David:** A big misconception people have is about the use of drugs and the war on drugs. The image people have of the drug user and dealer is so screwed up and does not make sense. This misconception has resulted in generations of Black men getting incarcerated without looking at the real social cost of the drug issue and what needs to be done. Like so many other things, we asked police and policing to be the solutions for these social problems when they needed to be managed in other ways.

**Q: What have you seen to be the most effective alternative to incarceration? Do you have any recommendations as to what should be done differently in Delaware?**

**Kailyn:** One thing that we support is restorative justice. It is integrated into just about everything that we do. Specifically, our mediation program run by my colleague, Barbie Fisher, provides an alternative to incarceration and the court. Their approach is to provide an alternative to the court process where it gets a sentence or charge. They instead handle it in their conference room or suite. You bring people together who have had a conflict that could have been solved in court. Maybe the victim person does not want the person who caused harm to them to face jail time or they want payment for the damages. We offer this to landlords, tenants, and others.

**David:** Outside of Delaware, there has been some conversation of this process being used for violent crimes. The victim comes out of the situation feeling more whole and closer to the pre-crime state. The person who committed the crime has humanized the person they hurt and is not likely to do it again. It is something that works despite our society being wired for harsh punishment against violent crime. There are other ways to handle it that do not necessarily involve a courtroom and still get real results and change.

**Kailyn:** Also, addressing the reason why people get incarcerated is key. My dream legal system addresses the root causes of why people end up in jail in the first place. Policy reform is a huge alternative. We need to reform the system to ensure that we reduce the number of people we arrest especially from Black and Brown communities because we know better now. Research tells us how problematic policing and practices within the system have led to mass incarceration when in fact, there are more effective alternatives.

**Q: Is there anything members of Delaware communities can do to help in this pursuit of a higher quality of justice?**

**Kailyn:** Stay on top of your representatives and senators regarding these criminal justice reform policies. I have seen in some cases where there is a senator who is very beloved by their community but then when you look at their vote record you find out they voted down criminal justice reform bills. It is surprising because you loved them for years but pay attention to their voting record and make sure that they're voting in a way that is going to lead to meaningful criminal justice reform. As far as community members, who may have the ability to hire justice-involved people, give them a chance at employment. Volunteer inside prisons. My program, and many others, are volunteer-run. People can get involved and go inside the prison which I recommend for everyone to do. We get to see how incarcerated people are being housed [and] how they're living. I think that adds another layer to my advocacy because I see how folks are treated there.

**Q: Is there anything else you would like to discuss that I may have missed?**

**Kailyn:** I would say [people should] contact their legislators about House Bill 37. Make sure to stay on top of our legislators about police brutality and police reform. Delaware has important bills that will be coming out of the pipeline regarding police reform that can potentially give the public access to police disciplinary records and lead to meaningful civilian oversight that has the power to investigate and subpoena local police agencies.

**David:** Be aware of the pace of change - it is arbitrary. Our legislators seem to decide that they have to take a while to do this because this is how the system works but in reality, the constituency has the right to say no, that is not fast enough.





## At-A-Glance: The Pandemic, Public Health, and a Path Ahead

### Women, COVID, and the Workforce: The Health Connection

*Close your eyes and imagine you are getting ready to head to work as a grocery store cashier to help keep the store functioning for society's needs. You head downstairs to get your children ready for daycare, but you get a call from the daycare center informing you that they are closed due to the COVID-19 outbreak. You cannot find anyone to watch your children...what do you do? It seems like the only real option left is for you to call off of work, stay home, and take care of your children, despite the risk of getting fired. Dilemmas like this in today's environment are some people's every day realities but have existed well before the onset of the COVID-19 pandemic.*

The implications of the COVID-19 pandemic have helped to magnify the inequalities faced by women in the workforce throughout history. In Delaware, 77% of Black mothers, 53% of White mothers, 44% of Latina mothers, and 37% of Asian mothers are breadwinner mothers, so women's wages support households (Shaw et al., 2020). Women have had to depend immensely on childcare centers to actively participate in the workforce, and provide for their families (Boesch & Phadke, 2021; Frye, 2020). When the pandemic arrived, many childcare centers and schools closed down, leaving women without access to needed child care services. Women who had to work on the frontlines, particularly women of color, therefore, faced hard decisions (Boesch & Phadke, 2021; Frye, 2020). Women were confronted with the reality that they could have a higher risk of being exposed to COVID-19 due to their proximity to infected people, environments, and their essential jobs that required much person-to-person contact (Frye, 2020). As the schools and childcare centers closed, this left more children needing care and mothers burdened with the decision to either go to work or care for their children, knowing that either decision could immensely impact their family and their health. In addition to childcare stressors, many women also faced concerns due to the very nature of their jobs during the pandemic. Many jobs in Delaware that are classified as essential are filled by women and they include grocery clerks, child-care workers, hospital medical workers, healthcare providers, etc (Delaware Office of Women's Advancement and Advocacy, 2021). These women, when impacted by the burdens of the pandemic, have faced additional consequences such as reduced hours at work or losing their jobs altogether. According to the Centers for Disease Control and Prevention, more women than men are reported as, "worrying about losing income due to job loss or reduced hours because of COVID-19" (Centers for Disease Control and Prevention, 2020, If You Are Having Financial Problems, para 2 ). Even if they can maintain employment, women are confronted with the fact that many of their essential jobs do not offer paid sick leave should they get exposed to or contract COVID (Centers for Disease Control and Prevention, 2020). Lack of access to paid sick days also disproportionately impacts Latinx and Black workers by increasing their risk of illness (Kumar et al., 2012). Individuals without paid sick days are 1.5 times more likely to report going to work with a contagious illness as compared to those with paid sick days (Smith & Kim, 2010).

Paid leave, either family or sick-related is beneficial because, "paid leave means people – especially women – aren't forced to leave the labor force to care for their families or health reducing turnover for employers of all sizes and boosting the economy" (National Partnership for Women & Families, 2020, para. 5). The rate of COVID-19 cases has been consistently higher for Delaware women throughout the pandemic (Delaware Office of Women's Advancement and Advocacy, 2021). This policy implementation is instrumental in helping to improve the health of women because, "Nearly one in four workers has reported either losing a job or being threatened

with job loss for needing to take a sick day” (Kashen & Taylor, 2020, para. 10). This data shows that women are facing impossible choices and are getting sick. Paid leave policies not only help women protect themselves and their families, but protect the broader community by mitigating the spread of illnesses such as the virus, and promoting health for all.

Not only do women make up much of the service jobs in the workforce that can increase their exposure to COVID and impact their health in numerous ways, but these jobs are often low-wage, further compounding health risks associated with poverty as a social determinant of health (Bateman & Ross, 2020). According to Bateman and Ross (2020), “before COVID-19, nearly half of all working women—46% or 28 million—worked in jobs paying low wages, with median earnings of only \$10.93 per hour” (Bateman & Ross, 2020, Women are disproportionately represented in low-wage jobs, para 1 ). In fact, Delaware’s minimum wage is \$9.25, over a dollar short of that amount. The onset of the pandemic showed that women were losing these jobs because they make up the majority of low-wage workers and these were the type of jobs dwindling due to the pandemic (Boesch & Phadke, 2021). With this, the pandemic assisted in further unveiling the society in which we live, having women make up the most of low-wage jobs, while also facing implications of a wage gap that differs in terms of race, ethnicity, and gender. For every one dollar White men make, Delaware Hispanic women make \$0.59, Black women make \$0.68, and White women make \$0.84 (United States Census Bureau, 2021, Median Earnings in the Past 12 Months by Sex Table, 2019). These jobs and wage gaps contribute to the existing gender and racial gaps that persist in society and have negative implications on the health of women, especially among Black and Latinx families (Boesch & Phadke, 2021).

Income is a key factor that influences the health outcomes of families, individuals, and communities (American Public Health Association, 2016). According to the American Public Health Association (2016), “finances are strongly linked to a person’s ability to access healthy food and other resources, creating a link between poverty and a series of chronic diseases including obesity and diabetes” (American Public Health Association, 2016, Improving Health by Increasing the Minimum Wage, para 3). Women must allocate limited funds towards cheaper, unhealthy food and other essential items for their families to survive, therefore impacting their nutritional statuses, as well as adding unnecessary stress that can be prevented (Centers for Disease Control and Prevention, 2020). Further, job loss from the pandemic also translated into loss of access to health insurance and other employment benefits for many women impacting their nutritional statuses, as well as adding unnecessary stress that can be prevented (Centers for Disease Control and Prevention, 2020). Inequitable outcomes in women’s health are not limited to access or one dimension of health such as physical health but impact mental health too (Centers for Disease Control and Prevention, 2020). The 2020 KFF Women’s Health Survey was conducted by the Kaiser Family Foundation and had a sample of 3,661 women ages 18-64 years old (Ranji et al., 2021). The survey found that over half the mothers in the study with school-age children said that stress and worry of the pandemic has affected their mental health and one in five of those mothers characterized their stress as “major” (Ranji et al., 2021). As of late 2020, almost one million American mothers left the workforce, around a quarter of children experienced food insecurity, and more than three-quarters of parents claimed that the uncertainty of the school year caused them stress (Lerer & Medina, 2021).

The pandemic has shown the importance that women and mothers play within our society, and how they have not received the resources and tools necessary to support their critical role in the workforce, such as equal pay, paid family leave, and universal childcare (Lerer & Medina, 2021). This underscores the importance of putting forth equitable, health-promoting policies that can support women in the short and long term. Applying a Health in All Policies (HiAP) approach for the state of Delaware is one decision-making tool that would help policymakers from multiple sectors in Delaware and beyond continue to explore and identify policy levers that can not only aim to restore our economy but improve our health and achieve equity (Rattay et al., 2020). For example, increasing the minimum wage would improve health outcomes as it would increase financial access to resources necessary to fulfill health in all areas, such as safe and affordable housing, healthy foods, and safe neighborhood conditions (American Public Health Association, 2016). Another policy that would help improve the health of women (2021). In addition, policy

decisions focused on implementing paid family and medical leave, as well as paid sick days, can improve women's health and public health (Raymond, 2021; Glynn, 2015). The workforce challenges brought on by the pandemic and the underlying systemic conditions further amplified by COVID-19 are not just moral and economic issues, but important matters of public health and equity. Women's participation in the workforce is a health issue. Gender equity is a health issue. The gender and racial wage gap is a health issue. We must keep this in mind and be able to integrate and articulate health considerations into policymaking across sectors to fix these issues for not just the short-term as the pandemic subsides, but for the long-term. Essentially, Delawareans will all be better off if we prioritize policies that remove obstacles to health and well-being for all people and communities.

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## References

Bateman, N., & Ross, M. (2020, October). *Why has COVID-19 been especially harmful for working women?* Brookings. <https://www.brookings.edu/essay/why-has-covid-19-been-especially-harmful-for-working-women/>.

Boesch, D., & Phadke, S. (2021). *When Women Lose All the Jobs: Essential Actions for a Gender-Equitable Recovery*. Center for American Progress. [https://cdn.americanprogress.org/content/uploads/2021/01/29041540/WomenLoseJobs-brief.pdf?\\_ga=2.77933908.1944140949.1617084206-98150228.1617084206](https://cdn.americanprogress.org/content/uploads/2021/01/29041540/WomenLoseJobs-brief.pdf?_ga=2.77933908.1944140949.1617084206-98150228.1617084206)

Centers for Disease Control and Prevention. (2020, December 28). *Women, Caregiving, and COVID-19*. Centers for Disease Control and Prevention. <https://www.cdc.gov/women/caregivers-covid-19/index.html>.

Delaware Office of Women's Advancement and Advocacy. (2021). *Sounding the Alarm: The Impact of COVID-19 on Delaware Women*. <https://dhr.delaware.gov/women/documents/covid-sounding-the-alarm.pdf>

Frye, J. (2020, April 23). *On the Frontlines at Work and at Home: The Disproportionate Economic Effects of the Coronavirus Pandemic on Women of Color*. Center for American Progress. <https://www.americanprogress.org/issues/women/reports/2020/04/23/483846/frontlines-work-home/>.

Glynn, S. J. (2015, November 19). *Administering Paid Family and Medical Leave*. Center for American Progress. <https://www.americanprogress.org/issues/economy/reports/2015/11/19/125769/administering-paid-family-and-medical-leave>

*Improving Health by Increasing the Minimum Wage*. AMERICAN PUBLIC HEALTH ASSOCIATION. (2016, November 1). <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2017/01/18/improving-health-by-increasing-minimum-wage>.

## References

- Kumar, S., Quinn, S. C., Kim, K. H., Daniel, L. H., & Freimuth, V. S. (2012). The Impact of Workplace Policies and Other Social Factors on Self-Reported Influenza-Like Illness Incidence During the 2009 H1N1 Pandemic. *American Journal of Public Health*, 102(1), 134–140. <https://doi.org/10.2105/ajph.2011.300307>
- Lerer, L., & Medina, J. (2021, March 30). *Why mothers are skeptical about all the promises of pandemic aid*. The New York Times. <https://www.nytimes.com/2021/03/30/us/politics/biden-infrastructure-child-care-aid.html>
- National Partnership for Women & Families. (2020, October). *Paid Sick Days Improve Public Health*. <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-sick-days/paid-sick-days-improve-our-public-health.pdf>.
- Ranji, U., Frederiksen, B., Long, M., & Salganicoff, A. (2021, March 22). *Women, Work, and Family During COVID-19: Findings from the KFF Women's Health Survey*. Women's Health Policy. <https://www.kff.org/womens-health-policy/issue-brief/women-work-and-family-during-covid-19-findings-from-the-kff-womens-health-survey/>.
- Rattay, K., Codes-Johnson, C., Luta, L., McGloughlin, K., Landgraf, R., Knight, E., & Duckworth, N. (2020). *Delaware State Health Improvement Plan 2020 Annual Report* (pp. 1-49, Rep.). Newark, DE: Delaware SHIP. doi:[https://img1.wsimg.com/blobby/go/7298608e-3c37-4361-b78a-b30fff51587e/DE%20SHIP%202020%20Annual%20Report\\_FullReport.pdf](https://img1.wsimg.com/blobby/go/7298608e-3c37-4361-b78a-b30fff51587e/DE%20SHIP%202020%20Annual%20Report_FullReport.pdf)
- Raymond, A. (2021, January 24). *Moms are bearing the brunt of U.S. COVID-19 job losses*. Deseret News. <https://www.deseret.com/utah/2021/1/24/22221593/moms-covid-19-women-unemployment-inequities-child-care-daycare-remote-work-remote-economy-diversity>.
- Shaw, E., Mason, C. N., Lacarte, V., & Jauregui, E. (2020, September 8). *Holding Up Half the Sky: Mothers as Workers, Primary Caregivers, & Breadwinners During COVID-19*. IWPR 2020. <https://iwpr.org/iwpr-issues/employment-and-earnings/holding-up-half-the-sky-mothers-as-workers-primary-caregivers-breadwinners-during-covid-19-2/>.
- Smith, T. W., & Kim, J. (2010, June). *Paid Sick Days: Attitudes and Experiences*. National Opinion Research Center at the University of Chicago for the Public Welfare Foundation Publication. Retrieved October 7, 2020, from <https://www.nationalpartnership.org/ourwork/resources/economic-justice/paid-sick-days/paid-sick-days-attitudes-and-experiences.pdf>
- US Census Bureau. American Community Survey. Median Earnings in the Past 12 Months by Sex Table B20017. 2019
- Women's Advancement & Advocacy. (n.d.). *Pay Her Equally: Delaware Equal Pay Fact Sheet*. <https://dhr.delaware.gov/women/documents/de-equal-pay-2021.pdf>



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## **Delaware SHIP Stakeholder Spotlight:** *Office of Women's Advancement and Advocacy*

The Office of Women's Advancement and Advocacy was launched in September of 2017 to promote the equality and equity of women in all areas of society. The Office of Women's Advancement and Advocacy looks after the state of Delaware's women's right work, as well as leads the ongoing implementation of women's rights legislation, evaluating current women's rights legislation, building support for new legislation, and advising the Governor's Office, the Legislature and the Secretary of the Department of Human Resources. In addition, the office reviews and reports on the status of women in the state as well as provides information on the status of women to the public, state agencies, the General Assembly, the Judiciary, organizations, businesses, and industries. The Office of Women's Advancement and Advocacy also oversees the Delaware Commission for Women, Delaware Women's Hall of Fame Committee, and the Delaware Women's Workforce Council.

The Office is directed by Melanie Ross Levin, who shared in a recent interview for this SHIP spotlight that her passion for women and girl's rights led her to policy advocacy work in D.C. and Delaware. Currently, she and her staff of three draft legislation, conduct research, and help work bills in the Delaware State Legislature, as her Office works to ensure that women's and girls' voices are heard and are represented. Ms. Levin explained that she has always been fascinated with women's rights and always felt like she was able to pass more bills and more effectively address issues in Delaware than in D.C., which is why she moved back home to Delaware. Ms. Levin indicated that she advocates for women and girls wherever she goes, as she feels that policies aren't often centered on their needs, and it is important to re-align the focus to make sure women and girls are considered and heard within all aspects of life and policies.

In terms of the impact that COVID has had on Delaware women in the workforce, Ms. Levin shared that COVID has pulled women in many directions from being let go from jobs, having to work on the frontlines in the midst of the pandemic, and caring for children home from school or childcare throughout it all. She shared that women have faced the burden of childcare while also going to work, while sometimes having no one to watch their children, which impedes them from going to work and therefore impacts their income. Some women have even had to reduce their hours at work as they managed these or other obstacles such as serving as caregivers for their loved ones. Ms. Levin also highlighted that there have been food insecurities and loss of housing for families as a result of the pandemic laying people off. In addition, Ms. Levin expressed that when women are sick with COVID-19 or any illness, and faced with the decision to stay home and not make money, or to go to work sick to make money, they're going to go to work to provide for their families. The reality is that many of those who work low wage jobs must work multiple jobs to support their families, requiring them to report to one job after another, thereby potentially increasing their and others' exposure to COVID. Additionally, Ms. Levin shared that women have been more susceptible to COVID-19 in their role as frontline workers, and have subsequently contracted the virus more so than men within the state of Delaware. This data has been reported in one of the latest reports from the Office of Women's Advancement and Advocacy, *"Sounding the Alarm: The Impact of COVID-19 on Delaware Women."*

While continuing to expand upon the topic of the implications of COVID-19 on Delaware women, Ms. Levin communicated that it is important to not only consider women in general but to examine the intersection of race and ethnicity with gender. For example, Ms. Levin highlighted how the racial and gender wage gap was a pronounced inequity with health impacts for Black and Latina women. She also expressed that many people advocate for families and individuals to have emergency funds for situations like the pandemic, but that this is not a feasible solution for many women, and particularly Black and Latina women, who have been impacted long-term by a persistent racial and gender wage gap. COVID-19 has shone a light on these issues that women face economically and have been enduring well before the pandemic.

When contemplating policies to help Delaware women and children recover from the pandemic, Ms. Levin expressed the need for paid childcare, quality childcare, an increase in the minimum wage, and more access to paid sick leave and family medical leave. She also reiterated that childcare needs to be sufficiently funded to be able to stay open to support women going back to work and being able to remain at work.

### **Delaware SHIP Stakeholder Spotlight: *Delaware Cares Coalition for Paid Leave***

The Delaware Cares Coalition for Paid Leave was recently spearheaded by Liz Richards. The Delaware Cares Coalition for Paid Leave is a coalition of organizations, businesses, networks, health, faith, and community leaders committed to passing a universal paid family and medical leave law in the 2021 Delaware General Assembly. According to the coalition, a statewide paid family and medical leave insurance program would provide 12 weeks of paid leave for a covered purpose in 12 months and can be used to address a worker's serious health condition, care for a family member with a serious health condition, bond with a new child (including newborn, foster, and adopted children), to address the impact of a family member's military deployment, and to handle legal, medical, and practical matters relating to domestic violence. Since the onset of the coalition, over 50 organizations have joined such as the Central Delaware NAACP Branch, Delaware Nurses Association, Metropolitan Wilmington Urban League Young Professionals, etc.

The Executive Director of the Delaware Cares Coalition for Paid Leave, Liz Richards, shared how her journey to establish this coalition consisted of working in campaigns and advocacy for the last 10 years. During this time, she organized a successful effort in Maryland to pass a law guaranteeing paid sick days for all workers. She was also born and raised in Delaware and has experience working with communities that don't have any access to paid leave at their work. Ms. Richards saw that there was a need to pass paid family medical leave in Delaware now more than ever because the pandemic has shown how vulnerable we can become when faced with major medical events or emergencies. The Delaware Cares Coalition for Paid Leave is working to ensure that these life events don't mean that people have to lose their paychecks or lose their jobs entirely. Ms. Richards noted that this is especially important to keep people employed so the system does not work against them, and so they are not devastated by rising health care costs they may incur. She also expressed that paid family and medical leave has been shown in other states to be the most affordable way to alleviate that burden on families.

Ms. Richards shared that interactions she has had with Delawareans impacted by not having statewide paid family and medical leave have revealed that, if you are afraid or unable to take any economic leave, it prevents you from getting the health care you need. She has spoken to people who have had to use gift cards from their baby showers to pay their utility bills or rent after taking unpaid leave following childbirth, and also to mothers who went back to work two weeks after giving birth because they had no other way to pay their bills. Ms. Richards emphasized that it doesn't have to be that way, and that this is hurting Delaware families. She also highlighted Delaware's racial inequities in maternal and infant health, suggesting that Black mothers could benefit from more time to recover from childbirth and to bond with their babies while not dealing with the stress of how to pay bills during this time. The economic health components of paid family and medical leave are closely linked, and to expand access to health care, we have to make sure that people have support to get the health care they need.



*“We've needed [paid and family leave] for a long time, but the pandemic has made it more clear than ever that we cannot continue the way we have been going. What we're doing is not working for people, women are leaving the workforce, families are stressed, and this is something that can be part of the solution. That's why [Delaware Cares Coalition for Paid Leave] thinks it's more urgent than ever to pass this bill and help our families.”*  
*- Liz Richards, Delaware Cares Coalition for Paid Leave*

Ms. Richards stated paid leave would also provide long-term economic benefits, as studies have shown that people who do have paid family and medical leave, especially mothers, are more likely to go back to work after they take such leave. She highlighted that not having access to paid and family leave is harmful to working women and bad for our economy, impacting everyone, which is why studies and data from business owners across the political spectrum indicate that paid family medical leave is helpful for businesses and their workers.



## At-A-Glance: The Pandemic, Public Health, and a Path Ahead

### More than just a Roof over our Heads: The Home is Health

Over the past year, the COVID-19 pandemic shocked the world, leading to nationwide lockdowns and strict regulations to slow disease spread. Thus, a stable home became more important than ever in the midst of necessary quarantine; however, many Americans lack stable housing (Centers for Disease Control and Prevention, 2021). Subsequently, one study showed a higher incidence of infection and mortality among people in housing with at least one condition of being overcrowded, of high-cost burden, or having an incomplete kitchen or plumbing facilities (Ahmad et al., 2020). Furthermore, each additional 5% of households with poor housing conditions indicated a 50% greater risk for COVID-19 incidence and a 42% greater risk for mortality (Ahmad et al., 2020). Therefore, U.S. counties with a greater percentage of people in detrimental housing situations suffered disproportionately, illustrating the necessity of housing for health, especially during the pandemic (Ahmad et al., 2020). Additionally, communities of color, who face social and economic disparities in accessing housing and other opportunities, led to a higher percentage of Black and Latinx households missing rental and mortgage payments in May 2020, as well as less confidence in making the same payments in June (United States Census Bureau, 2020). Another study found that states where eviction moratoriums were lifted sooner saw higher rates of COVID-19 incidence and mortality (Leifheit et al., 2020). Thus, preventing evictions is paramount for public health in avoiding overcrowding and unnecessary gathering in public. Fortunately, the federal nationwide eviction moratorium, recently extended through June 2021, establishes an avenue for keeping people in their homes and avoiding further disease spread (Centers for Disease Control and Prevention, 2021).

Housing challenges existed since well before the onset of COVID-19, however, the pandemic exacerbated current issues (Taylor, 2018). In 2015, roughly 40 million American households spent over 30% of their income on housing, thereby "cost-burdened," and almost 20 million households spent over 50% of their income on housing, thereby "severely cost-burdened" (Taylor, 2018). This data suggests that many American households face the dilemma of either paying rent or putting food on the table, sending their kids to college, affording medical care, or other critical needs for health and well-being, illustrating housing's role as an urgent public health issue. Access to a stable, affordable residence serves as the foundation for acquiring further necessities including food security, quality education, a well-paying job, and healthcare resources, demonstrating a few ways in which health and housing are inextricably linked (Taylor, 2018). Housing is one of the interconnected social determinants of health that collaboratively determine an individual's overall health status (Centers for Disease Control and Prevention, 2021). Yet, despite its importance for health, quality housing is still inaccessible to many people, as evidenced by the number of Americans without affordable, stable homes (Centers for Disease Control and Prevention, 2021). Consequently, the absence of quality housing contributes to a wide range of physical and mental health problems; for example, studies have shown that families with housing instability face higher rates of stress, anxiety, depression, chronic disease, mortality, and suicide (Anderson et al., 2021).



Furthermore, individuals faced with housing instability, whether by struggling to pay rent or threat of foreclosure, face a higher risk for substance abuse, including alcohol and drugs, and other risky behaviors (Taylor, 2018). These issues further compound a person's situation as physical and mental health maladies disrupt other aspects of their life too, such as their job, social circles, and education (Taylor 2018). Additional hazards of housing instability include homelessness, unemployment, food insecurity, violence, and an inability to properly care for individual relationships and invest back into one's community and neighborhood (Anderson et al., 2021). Therefore, given the physical, mental, and socioeconomic harms which originate with unstable housing, the evidence is clear for quality housing as a necessary foundation for health. Even still, formidable barriers exist to prevent greater access to affordable housing.

A popular method for providing assistance is through housing programs that distribute financial aid by way of federal funding; however, these programs are underfunded as evidenced by the fact that over 75% of households eligible for federal assistance do not receive financial aid (Bailey, 2020). Some families wait years for federal housing assistance, as Congress only allocates a specific amount each year, putting more families at increased risk for eviction, homelessness, and other harms (Bailey, 2020). The lack of financial aid exacerbates the problems of cost-burdened households, however, the lack of affordable housing units which are accessible to low-income individuals and families is also an issue.

Cost-burdened households must constantly confront strenuous decisions between avoiding eviction or foreclosure and paying for food, medication, utilities, transportation, and other essential needs (Taylor, 2018). Additionally, the lack of affordable housing for low-income households contributes to the growing rate of the homeless population, which inordinately burdens the healthcare system with expensive treatments and emergency room visits that may have been otherwise avoided (Bailey, 2020). Also, housing and health not only encompasses one's residence, but the collective built environment of the surrounding community, physical space, and available resources (Maqbool al., 2015). Thus, many communities of color, particularly African American communities who experienced systematic segregation and continue to be denied equal access to resources, experience significantly greater challenges in accessing quality jobs, schooling, healthcare, housing, and other opportunities (Maxwell & Solomon, 2020). Given the current lack of affordable housing, stakeholders across multiple sectors are employing different housing interventions and continue to explore novel interventions for future implementation.

Delivering more affordable housing necessitates teamwork between the federal government, state and local governments, nonprofits, community organizations, and the healthcare system. Expanding coverage of low-income housing assistance programs, such as the low-income Housing Tax Credit (LIHTC) program, by subsidizing more housing would greatly assist individuals cost-burdened by rental payments and therefore at risk for poorer health outcomes (Bailey, 2020). Hospital systems, obligated to contribute community resources in order to maintain tax-exempt status, can reduce healthcare costs and help improve the health of patients they serve by directly investing more resources into affordable housing and social services into communities (Bailey, 2020). Offering more federal housing vouchers, which serve roughly 2.2 million people nationwide and provide the flexibility of housing choices, can improve housing stability and have a greater impact on population health, as the \$385 million Congress appropriated in 2017-18 for adults under 62 or with disabilities assisted only 50,000 people (Bailey, 2020). Furthermore, bypassing strict zoning regulations in order to build affordable homes in "high opportunity" areas will increase the availability of affordable housing and encourage a stable built environment for individuals and families to access employment and quality education whilst enjoying safer neighborhoods (Schuetz, 2020). Much of the infrastructure and social programs for supporting affordable housing already exist, but the current COVID-19 pandemic has also reinforced housing as a central pillar of health. Moving forward, the evidence for affordable housing as necessary for health and seeing the long-term societal benefits of a healthier population, will ideally drive the social and political changes needed to ensure more affordable housing and a better public health future.

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**Did you know**

Housing instability relates to a number of difficulties, like trouble with paying rent, overcrowding, moving often, needing to stay with friends or family, or spending a majority of income on housing expenditures. These situations can negatively impact physical health and make it more challenging to access health care.

Source: Office of Disease Prevention and Promotion, 2020

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## References

- Ahmad, K., Erqou, S., Shah, N., Nazir, U., Morrison, A. R., Choudhary, G., & Wu, W.-C. (2020). Association of poor housing conditions with COVID-19 incidence and mortality across US counties. *PLOS ONE*, 15(11). <https://doi.org/10.1371/journal.pone.0241327>
- Anderson, D., Keraga, K., & Soloway, M. (2021, April). *Fact Sheet: The Public Health Implications of Housing Instability, Eviction, and Homelessness*. The Network for Public Health Law. <https://www.networkforphl.org/wp-content/uploads/2021/04/Fact-Sheet-Public-Health-Implications-of-Housing-Instability-Eviction-and-Homelessness.pdf>.
- Bailey, P. (2020, January 17). *Housing and Health Partners Can Work Together to Close the Housing Affordability Gap*. Center on Budget and Policy Priorities. <https://www.cbpp.org/research/housing/housing-and-health-partners-can-work-together-to-close-the-housing-affordability>
- Centers for Disease Control and Prevention . (2021, March 28). *Temporary Halt in Residential Evictions to Prevent the Further Spread of COVID-19*. cdc.gov. <https://www.cdc.gov/coronavirus/2019-ncov/more/pdf/CDC-Eviction-Moratorium-03292021.pdf>.
- Housing Instability*. (2020, October 8). <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/housing-instability#:~:text=Housing%20Instability%20is%20a%20key,of%20household%20income%20on%20housing>
- Leifheit, K. M., Linton, S. L., Raifman, J., Schwartz, G., Benfer, E. A., Zimmerman, F. J., & Pollack, C. (2020, November 30). *Expiring eviction moratoriums and covid-19 incidence and mortality*. [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3739576](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3739576).
- Maqbool, N., Viveiros, J., & Ault, M. (2015, April). *The Impacts of Affordable Housing on Health: A Research Summary*. Rupco. <https://www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf>.
- Maxwell, C., & Solomon, D. (2020, April 14). *The Economic Fallout of the Coronavirus for People of Color*. Center for American Progress. <https://www.americanprogress.org/issues/race/news/2020/04/14/483125/economic-fallout-coronavirus-people-color/>.

## References

Office of Disease Prevention and Promotion. Housing Instability | Healthy People 2020. (n.d.). <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/housing-instability>.

Schuetz, J. (2020, March 16). *To improve housing affordability, we need better alignment of zoning, taxes, and subsidies*. Brookings. <https://www.brookings.edu/policy2020/bigideas/to-improve-housing-affordability-we-need-better-alignment-of-zoning-taxes-and-subsidies/>.

Taylor, L. (2018, June 7). *Housing And Health: An Overview Of The Literature: Health Affairs Brief*. Health Affairs. <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/>

United States Census Bureau. (2020, May 20). *Measuring Household Experiences during the Coronavirus Pandemic*. Census.gov. <https://www.census.gov/data/experimental-data-products/household-pulse-survey.html>.



### **Delaware SHIP Stakeholder Interview with *Karen Speakman, Executive Director of the National Council on Agricultural Life and Labor (NCALL)***

*NCALL is a nonprofit organization headquartered in Dover, Delaware, which focuses on the development of affordable housing, community development, financial education, housing counseling, lending, and other services while also collaborating with other nonprofit organizations to increase housing access for Delawareans.*

**Q. How long have you been working with NCALL and what motivated you to work with affordable housing and nonprofits?**

**A.** I have been with NCALL for 42 years because I always wanted to help people. After college, I got a job with NCALL working on rural housing and have been working here ever since. I find this work constantly challenging and interesting.

**Q. Over the past year, what aspects of housing have seen the most damaging effects from COVID-19?**

**A.** This year has been very hard on the working poor and lower-income families. People are realizing the importance of housing and a decent, safe home. We've seen a huge upswing in interest in buying houses due to the combination of very low-interest rates and the pandemic causing people to realize they need to be safe and have enough space. If this pandemic has shown us anything, it's the need for a decent home. Homelessness is also a big issue. This country has been ignoring the supply situation [for housing], that's why in part we have people who are homeless.

**Q. Where do you see the most significant barriers to affordable, quality housing for all Delaware residents?**

**A.** Funding. This country has ignored the need for decent affordable housing, an example being that public housing is insufficiently funded and is deteriorating. Also, not enough places are zoned correctly for multi-family rental housing, and people are afraid that affordable housing will reduce the value of their property, which is false. It's a willingness to recognize that there are working poor people who do not earn enough money to afford market rate rents, so we need to provide affordable housing units. And that concerns health as well because if you're in a healthy place and your unit doesn't have lead paint, or asbestos, and it's warm and dry, your health is much better. The rate of children with asthma is much higher in rundown, deteriorating housing units. So how do you change the dichotomy of people realizing what the health costs are compared to the housing costs? If we decide we're going to be a country where we put more money toward housing, we would solve a lot of health and social problems.

**Q. Where have you seen the clearest examples of housing impacting health? Why is housing not framed more often as a matter of health?**

**A.** I think we're starting to frame it that way. We're starting to talk about "healthy homes" more now. The housing industry and nonprofits are starting to frame it that way, but it's going to take a while to change the thought process of the people in our communities. It's very evident with asthma. Children in a place where there is mold, mildew, other issues, who then move to a better place don't miss school, don't get behind, and the list goes on and on. And lead poisoning is horrible because it affects a child's mental development.

**Q. In your experience, why do you think much of the general public sees housing as a market good one must acquire on their own, rather than it being understood as a necessity for quality health and which everyone deserves in an affordable and accessible manner?**

**A.** It's perceived as "pulling yourself up by your bootstraps" - as a homeowner, you make enough money to do so. I don't think we're there yet. It's a "me vs them" and "I can do it, so why can't they?" mentality. But if everyone was housed safely, we would have less health problems and less health costs. Our society pays for it one way or another and it's trying to convince people of that.

**Q. What solutions do you recommend for expanding access to affordable, quality, and stable housing for Delaware residents and that which would prove most impactful?**

**A.** A mixture of programs, so that you affect the whole continuum of housing from homelessness, to shelters, to rental housing, and to buying a house. People need to first stabilize their lives, obtain a good paying job, and live in decent affordable housing. We have to provide the physical structures but also help with the social issues such as training and jobs, substance abuse, mental and physical disabilities, and racial inequities and we need funding sources, a better supply of housing, and housing affordability for all.

**Delaware SHIP Stakeholder Interview with *Dr. Stephen Metraux, PhD, Director of the Center for Community Research & Service (CCRS) and Associate Professor of Public Policy & Administration at the University of Delaware***

*CCRS is responsible for community-based research in Delaware with the goal of improving the standing of individuals and places, with one particular area of focus being housing and homelessness.*

**Q. What do you enjoy most about your work as Director of CCRS, and what sparked your specific interest into affordable housing and homelessness?**

**A.** I've been working with homelessness for decades since the 1980s when there was some thinking that this issue would be temporary, but homelessness is still with us. Back then I was doing advocacy, social services, street outreach, and then in the 1990s I went back to graduate school for a more academic, research-based perspective to work towards reducing and ending this problem. CCRS is set up well in terms of my interests and putting a specific Delaware-focus on the work and giving me the opportunity to make a difference and work in the community.

**Q. Over the past year, in regard to housing, where have you seen the most damaging effects from COVID-19, and what work has CCRS been doing in relation to housing and the pandemic?**

**A.** One is the public health impact in that it really showed where congregate housing is lacking, and it's especially difficult during a pandemic where social distancing is needed. COVID-19 shows how housing is a public health issue. Simply put, you cannot social distance in a space where you do not have a home, thus it puts those who are already vulnerable at the highest risk. The thing about COVID-19 is that it hits society at all of our weak spots, and housing is no exception to that. As for the role of CCRS, it involves disseminating information, looking at the impact of housing and homelessness in Delaware, identifying service gaps, and working with community and government partners, notably on the matter of evictions.

**Q. Do you think progress is being made with housing considered as a key component of overall health and where have you seen the clearest evidence of housing impacting health? What specific areas necessitate the most urgent action?**

**A.** That is the biggest overall problem which needs to be addressed in Delaware, is having more affordable housing available, whether that be constructing more housing or having mechanisms to build such housing, and that involves making it easier to finance affordable housing. Also, changing zoning restrictions that keep such housing from being built, addressing public and political concerns that the world doesn't come to an end, in fact, there are some definite benefits to having more affordable housing mixed in with more exclusive areas. A lot of work needs to be done to lay the groundwork, not only for developing more affordable housing, but also in the short term for shoring up income supports and housing subsidies so that more people can have access. At its most extreme, the problem gets played out with the homeless population, where people become homeless and stay homeless for much longer because, given the income they have, there is very little affordable housing available.

**Q. Where have you seen the most significant barriers to affordable, quality housing for more Delaware residents, and possible systemic issues which perpetuate homelessness and inequitable access to housing?**

**A.** There is a lot of opportunity through the funding already made available, like, for example, the state housing authority providing rental assistance to households impacted by COVID-19. But lots of smaller towns in Delaware have kept multi-family housing out of their communities due to the idea that it reduces property values and stigmatizes the towns, but it does not address the fact that this is a human need and a matter of economic and social justice. There is political resistance, social resistance, and other issues. Mental and behavioral health is another area where there is a lot of need, a shortage of services, and a lot of resistance towards creating sites for these services, like drug treatment centers. A lot of the behavioral health needs originate within the towns and localities, so these places also need to be a part of the solution.

**Q. What solutions do you personally recommend for expanding access to affordable, stable housing which would lower the rates of homelessness and cost-burdened households in Delaware?**

**A.** Continuing with the rental assistance, which the state housing authority has been doing a great job, and wherever possible expanding access. Going from emergency assistance, which has been expanding, and building more affordable housing, and increasing access to services. The permanent solution is where the most thought, resources, and political will needs to be built. Right now, on top of the response to COVID-19, there appears to be a real opportunity.