



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.

**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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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.