

PART 1

# A VISION OF HEALTH EQUITY IN HOUSING



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## **The Legal Levers for Health Equity through Housing Report Series**

This is the first in a series of reports exploring the role of law in housing equity and innovative uses of law to improve health equity through housing. The reports are based on extensive literature scans and semi-structured interviews with people who are taking action in housing policy and practice. The full series includes: Report II: Legal Levers for Health Equity in Housing: A Systems Approach; Report III: Health Equity in Housing: Evidence and Evidence Gaps; Report IV: Creative People and Places Building Health Equity in Housing; Report V: Governing Health Equity in Housing; and Report VI: Health Equity through Housing: A Blueprint for Systematic Legal Action.

# A VISION OF HEALTH EQUITY IN HOUSING

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"People can make healthier choices if they live in neighborhoods that are safe, free from violence, and designed to promote health. Ensuring opportunities for residents to make healthy choices should be a key component of all community and neighborhood development initiatives. Where we live, learn, work, and play really does matter to our health. Creating healthy communities will require a broad range of players—urban planning, education, housing, transportation, public health, health care, nutrition and others—to work together routinely and understand each other’s goals and skills."

— Robert Wood Johnson Foundation Commission to Build a Healthier America (Robert Wood Johnson Foundation Commission to Build a Healthier America, 2014)

## Introduction

Every person needs a healthy home, in a neighborhood that supports, not thwarts, them. The nation is built of its communities; it cannot thrive if they do not. Yet housing is in a bad way in many places in this country — not enough units, not affordable enough, not in the right places. Tens of millions of Americans are suffering physically and mentally from poor housing options, which means that America could be a much happier, healthier place if we whipped our housing problems. Likewise, our housing problems have been here for a long time, with many of the changes being for the worse, which means, from the optimist’s point of view, that our approach so far leaves substantial room for new directions. The key, as the Robert Wood Johnson Foundation’s Commission to Build a Healthier America recommended, is to “[f]undamentally change how we revitalize neighborhoods, fully integrating health into community development” (Robert Wood Johnson Foundation Commission to Build a Healthier America, 2014).

The fundamental change recommended by the Commission requires sustained and effective cooperation across the whole range of relevant planning, social service and economic development activities: “urban planning, education, housing, transportation, public health, health care, nutrition and others” (Robert Wood Johnson Foundation Commission to Build a Healthier America, 2014). Our project — “Legal Levers for Health Equity in Housing” — aims to follow this prescription. It starts with a wide-ranging assessment of specific legal tools that are or could be deployed to influence the stability, safety, and affordability of housing. We go to the research

literature and interviews with experts to understand how well the available legal levers are working. From there, we turn to the challenge of knitting together the important work of actors across sectors and disciplines.

Law has done much to create and maintain the communities we live in now, and it will be indispensable to changing them. But what change? What, fundamentally, should be the goal for more effective housing policy? We think a “fundamental change” in how we do housing work requires a vision broader than just eliminating hazards or adding more amenities in poor places. In this report, we will go over old and new evidence about health, health equity and housing, to make the case for “health equity in housing” as a top goal of the movement to create a Culture of Health in America. Health equity in housing, as we will define it, means that *a substantial proportion of Americans will have the option to live in racially and socio-economically mixed communities where all residents benefit from safe and affordable homes, good schools, transportation, parks and recreational facilities, and economic opportunities.* While it has its controversial elements, we will argue here that health equity in housing is both a practical and a politically expedient cause.

## **A Starting Point: The Persistence of Unsafe, Unaffordable Housing and Its Everyday Toll on Americans**

The condition of housing and the many effects of unsafe housing on health were among the very first and most pressing concerns of modern public health practice as it emerged in the 19th century. Unsafe housing persists to a shocking degree in this prosperous country. More than one in every 20

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Health equity in housing means that a substantial proportion of Americans will have the option to live in racially and socio-economically mixed communities where all residents benefit from safe and affordable homes, good schools, transportation, parks and recreational facilities, and economic opportunities.

American households is living in a place classified as inadequate or severely inadequate (U.S. Census Bureau, 2018). In spite of decades of effort, in 2018 the CDC estimated that 4 million households still had children exposed to high levels of lead, and reported elevated-blood lead levels in some 500,000 children (Centers for Disease Control and Prevention, 2018). Prolonged residential exposure to radon is the second leading cause of lung cancer in the U.S (Field, 2001). Dampness and leaks produce mold that can lead to asthma and other respiratory problems (Fisk, Lei-Gomez, & Mendell, 2007), and cockroaches, rats, and other vermin make asthma worse, particularly in children (Litonjua, Carey, Burge, Weiss, & Gold, 2001; Rauh, Chew, & Garfinkel, 2002). Improper sanitation, extreme temperatures, pesticide residues, and poor building conditions are all common causes of injury in unsafe homes (Lord, Menz, & Sherrington, 2006; Matte & Jacobs, 2000; Sarwar, 2016; Shenassa, Stubbendick, & Brown, 2004).

The 6 percent of American households that live in structurally inadequate housing are paying a steep health price for shelter — but they are not getting off easy on the rent, either. The rising cost of housing is

a problem for Americans from the poorest well into the middle class, as millions of Americans face a monthly struggle to pay the rent or mortgage. Debate will continue as to whether the nub of the problem is high rent, low pay or both, but the end result is that almost 1-in-3 households in the U.S. is cost-burdened, defined as paying more than 30 percent of annual income for housing. About half of those are severely cost-burdened, paying more than half of annual income for shelter (Joint Center for Housing Studies of Harvard University, 2017). The Department of Housing and Urban Development (HUD) estimates that in 2015, 8.3 million households had “worst case needs;” these were “very low-income renters who do not receive government housing assistance and who paid more than one-half of their income for rent, lived in severely inadequate conditions, or both.” The 8.3 million worst case needs households in 2015 is a substantial increase from the nearly 6 million in 2005 (Watson, Steffen, Martin, & Vandenbroucke, 2017). The majority of cost-burdened households are renters, but homeowners with high mortgage payments also experience the housing cost burden.

Struggling to pay for housing itself has significant consequences for health. In cost-burdened households, “the rent eats first” (Desmond, 2016). Being cost-burdened means constantly making tradeoffs that are harmful for health – rent instead of food, clothing or healthcare (Harkness & Newman, 2005; Lipman, 2005). It is also a source of chronic stress, which is unhealthy in itself (Buschmann, Prochaska, Cutchin, & Peek, 2018; Dunn & Hayes, 1999; Harkness & Newman, 2005; Kim, Evans, Chen, Miller, & Seeman, 2018; Matthews & Gallo, 2010; Sandel & Wright, 2006). This matters to health equity, because the “stress gap” is considered an important cause of health disparities between better- and worse-off people (Bor, Cohen, & Galea, 2017).

One obvious source of stress for people struggling to pay their rent or mortgage is the brooding threat of losing the dwelling to eviction or foreclosure. Matthew

Desmond’s Pulitzer-Prize-winning ethnography, *Evicted: Poverty and Profit in the American City* (Desmond, 2016) has rendered visible the magnitude of eviction as a part of life for the poor – and the serious harm it causes. Eviction opens the door to job loss, financial hardship, depression in mothers, and behavioral problems for children that hurt their school experience (Desmond, An, Winkler, & Ferriss, 2013; Desmond & Gershenson, 2016; Desmond & Tolbert Kimbro, 2015; Mueller & Tighe, 2007; Vasquez-Vera et al., 2017). The evidence base on foreclosure’s health toll on physical and mental health – and disparities in both – is even larger (Desmond, 2016; Downing, 2016; Fowler, Gladden, Vagi, Barnes, & Frazier, 2015; Houle, 2014; Houle & Light, 2014; Pollack & Lynch, 2009; Tsai, 2015). Overall, losing one’s place to live through eviction or foreclosure tends to exacerbate all other family challenges, makes it more difficult to secure the next place, and makes it more likely that the next place will be less healthy (Crane & Warnes, 2000; Desmond, Gershenson, & Kiviat, 2015; Phinney, Danziger, Pollack, & Seefeldt, 2007).

Part of the problem is certainly the shortage of affordable housing units, especially for very low income households. Although there has been growth in both home ownership and the number of rental units in recent years, it has not been enough to ease the pressure on the poor and the struggling echelons of the middle class (Joint Center for Housing Studies of Harvard University, 2018). According to an analysis conducted by the National Low Income Housing Coalition, there are only 37 affordable and available units for every 100 extremely low income households. That translates to a shortage of 7 million units (National Low Income Housing Coalition, 2019). Housing assistance to help low income households pay rent is limited and does not address the shortage that drives rents. According to a HUD report to Congress, in 2015 there were 8.3 million low income households that paid more than half of their income on rent and did not receive government housing assistance (Watson et al., 2017).



The shortage of affordable units is bad for all lower income Americans, but the problem has a disparate impact on black and Hispanic renters because renter households with extremely low incomes are disproportionately black and Hispanic (National Low Income Housing Coalition, 2018). In 2016, the median income was \$39,000 for black households, \$47,800 for Hispanic households, and \$65,000 for white households (Joint Center for Housing Studies of Harvard University, 2018), making affordability a crucial equity issue.

## The Bigger Picture: Neighborhoods of Diversity, Safety and Opportunity

The condition, stability, and cost of the home all matter for health. So does the neighborhood. The evidence that neighborhoods shape health over a life time — that your ZIP code is fate — is strong (Raj Chetty & Hendren, 2018a, 2018b; Institute of Medicine & National Research Council, 2013; Mueller & Tighe, 2007; Sampson, Morenoff, & Gannon-Rowley, 2002; Sharkey, 2016), and the link makes intuitive sense. Schools, parks, air, water, noise, jobs, crime, transportation, social norms, social capital and the capacity to work together for better conditions are all features of the neighborhood, and all are important drivers for individual physical and mental health. Healthier neighborhoods are integral to the vision of health equity in housing.

Neighborhoods that are segregated by race, class or both tend to be less healthy places to live than more affluent and diverse communities, and this is true in center cities, suburbs, exurbs and rural areas (York Cornwell & Hall, 2017). As the community poverty rate rises, health (Gaskin et al., 2014; Leventhal & Brooks-Gunn, 2003), mental health (Latkin & Curry, 2003), educational performance (Wodtke, Harding, & Elwert, 2011) and earning potential (Sharkey, 2012)

all get worse compared to neighborhoods with low poverty rates (Pew Charitable Trust, 2016; Sanchez et al., 2015). Living in a highly racially segregated neighborhood is also unhealthy (Boustan, 2011; Kramer & Hogue, 2009). It is associated with almost every poor health outcome one could think of, including heart disease, obesity, tuberculosis, reduced life expectancy, depression, and infant mortality (Acevedo-Garcia, Lochner, Osypuk, & Subramanian, 2003). An analysis of the effects of segregation on schooling, employment, and single parenthood found that “blacks in more segregated areas have significantly worse outcomes than blacks in less segregated areas.” The authors concluded that “a one standard deviation decrease in segregation would eliminate one-third of the black-white differences in most ... outcomes” (Cutler & Glaeser, 1997).

Some of the reasons are pretty obvious. Poor and segregated neighborhoods are more likely to abut insalubrious land uses: factories, dumps, transfer stations, warehouses, often as a result of zoning and planning decisions (Maantay, 2001, 2002). There is more crime to contend with (Kang, 2016), and the schools are weaker. There is also less of the good stuff: poorer and more segregated neighborhoods tend to lack basic amenities that can support health, like healthcare facilities, green spaces, stores with healthy foods, and transportation centers (Institute of Medicine & National Research Council, 2013; Jonker, van Lenthe, Donkers, Mackenbach, & Burdorf, 2014; Lachowycz & Jones, 2011).

Neighborhoods are more than places. They are social organisms, comprised of the knowledge, connections, and collective efficacy that allow communities to absorb economic shocks and pursue healthy change. Affluence, which comes with more access to money and fewer stressors, helps communities be strong and adaptable, but even less affluent neighborhoods can be cohesive and effective *if they are stable* (Islam, Merlo, Kawachi, Lindström, & Gerdtham, 2006; Sampson, Morenoff, & Earls, 1999). That is why

affordable housing is so important, and why rents and eviction rates that create high residential turn-over are harmful to whole communities and not just the individuals whose lives are upended.

Recent housing-related research drives home the importance of place by showing what happens to people who move from neighborhoods of concentrated poverty to more economically diverse areas. The Moving to Opportunity demonstration, a large randomized controlled trial funded by HUD, generated rigorous experimental evidence that growing up in a neighborhood with a low poverty rate improves wellbeing on multiple dimensions. Moving away from high neighborhood poverty rates led to less distressed parents and boys (Leventhal & Brooks-Gunn, 2003), healthier adults (Ludwig et al., 2012), lower prevalence of obesity and diabetes (Ludwig et al., 2011), and higher incomes in adulthood for children who grew up in these neighborhoods (Raj Chetty, Hendren, & Katz, 2016).

This work, in turn, has spurred research that goes more deeply into the relationship between place, economic opportunity and social mobility (R. Chetty et al., 2017; Raj Chetty & Hendren, 2018a, 2018b; Raj Chetty et al., 2016; R. Chetty et al., 2016). Social mobility in America has fallen behind our peer countries, stagnating or declining (depending on the measure used) throughout the 20th century in the United States (R. Chetty et al., 2017). An American's chances of doing better than her parents depend less on who she is than on where she lives during her formative years (Raj Chetty, Hendren, Kline, & Saez, 2014). Both racial and economic segregation impede social mobility (Raj Chetty et al., 2014), such that "every additional year of childhood spent in a better environment improves a child's long-term outcomes" (Raj Chetty & Hendren, 2018a). Black people living in racially segregated neighborhoods or neighborhoods with high levels of racial bias among residents pay a high price in social mobility compared to more affluent and more



The rising cost of housing is a problem for Americans from the poorest well into the middle class, as millions of Americans face a monthly struggle to pay the rent or mortgage. Photo: Pixabay

integrated areas with less bias (Raj Chetty & Hendren, 2018b). Importantly, the effect is not simply a matter of neighborhood wealth; indeed, places where the average income is affluent but there are large gaps between rich and poor can be bad places for lower income families (Raj Chetty & Hendren, 2018b). Rather, the most opportunity-promoting communities are the ones with good schools, low crime, and a population that is socio-economically diverse, and these communities are good for the affluent and the poor alike. Such communities exist, and some are even “opportunity bargains” in the sense that the mobility payoffs they provide for residents are not offset by housing costs.

Given how positive healthy neighborhoods can be, and how many healthy neighborhoods we have, the question is how much longer a nation committed to equity and mobility can tolerate persistently high levels of racial and economic segregation. Between 2000 and 2014, the number of Americans living in an extreme poverty census tract (where the poverty rate is greater than 20 percent) doubled to almost 14 million — or 13.5 percent of the total U.S. population. Poor people of all races live in concentrated poverty neighborhoods, but there are also racial disparities. While white people comprise nearly half of the nation’s population of people living in poverty, only 5.5 percent of white people live in extreme poverty tracts, while 25.1 percent of black people and 17.6 percent of Hispanic people do (Kneebone & Holmes, 2016).

Although there has been a long-term decrease in the level of segregation and an increase in the exposure of people of different races to one another, segregation is by no means a relic of the past (Massey & Tannen, 2015). It has been 50 years since the Fair Housing Act passed, but black, white, Hispanic, and Asian Americans still typically live in different neighborhoods. The average white person lives in a neighborhood that is 80 percent white. The average black person lives in a neighborhood that is more than half black. About half of black individuals, and

40 percent of Latinos, live in neighborhoods without any white people (Abedin, Cloud, Goldberg, Rice, & Williams, 2017; Logan & Stults, 2011). Black-white segregation is still a hallmark of the large American city. Metro areas with a large black population — some of the largest cities in the country — have seen the smallest decrease in segregation (Acevedo-Garcia et al., 2003; Logan, 2013; Orfield, Stancil, Luce, & Myott, 2015). Indeed, many of these cities remain what sociologists call “hypersegregated” (Intrator, Tannen, & Massey, 2016; Logan & Stults, 2011). Meanwhile, segregation by race and poverty seem to be growing in suburban and rural America (York Cornwell & Hall, 2017). Better housing stock at more affordable prices is not in itself a sufficient prescription for the nation’s housing ills. People reside in a home and a neighborhood, and both must be healthy for the person to thrive.

## Thinking Positively: Health Equity in Housing is Good for Everyone

The problems of unsafe and unaffordable housing and unhealthy neighborhoods have been with us for a long time. Although more Americans than ever live in sound housing in healthy communities, too many millions still do not. A wide range of legal levers have been deployed to deal with these problems. Given the persistence of dangerous housing, concentrated poverty and racial segregation, it would be fair to say that these legal efforts have at least partially failed. This is not because law doesn’t work or can’t be made to work for housing quality and equity. After all, it is a shameful fact that law was a powerful force in creating our landscape of segregation and concentrated poverty in the first place (Rothstein, 2017). No, the fact is that housing and neighborhood conditions are the product of a complex system, which requires a systems approach to change. The challenge is that there are many factors that drive a piecemeal, siloed

approach to healthier housing through law, and too few mechanisms for systematic thinking and action.

This is where health equity in housing comes in: Its positive, broad vision of healthy communities is a starting point for a systems approach. The RWJF Commission captured the essence of housing as a generative factor for full, healthy lives: “Where we live is at the very core of our daily lives. For most Americans, home represents a place of safety, security, and shelter, where families come together” (Commission to Build a Healthier America, 2008). When we add neighborhood, and considerations like social capital, collective efficacy and opportunity, we can think about housing in broader terms, as a mechanism of social integration and well-being across the life course (Berkman, Glass, Brissette, & Seeman, 2000). It is the physical embodiment of a Culture of Health.

This positive vision, in turn, shapes how we look at the possible roles of law. We should certainly be concerned with the immediate efficacy of particular laws in solving specific problems. It is important to know whether and how housing codes can be effectively written and enforced, for example. Likewise, if the persistence of lead exposure for poor children is

a function of weakness in lead law or its enforcement, it is important to learn how to better regulate. But the failure of law to eliminate structural hazards after many decades of effort must also be faced. From a social determinants standpoint, the failure may not really be attributable to law or implementation problems as such; rather, failure may be a symptom of the same economic and social inequalities that produce the dangerous conditions. If we look beyond abating the nuisances threatening individuals in their homes, and the worst threats of toxic exposures, violence and insufficiencies in neighborhoods, we see fundamental questions of how law can help create more healthy communities and help more people move into them.

The move to a positive vision of law as a force for health equity in housing entails both embracing a larger, more diverse roster of laws as potentially important tools, and thinking more about how laws interact in the complex system that produces our housing options. This Project aims to learn how leaders in housing and neighborhood equity are using many legal levers at once to improve both structures and neighborhoods. In our next report, we present a systems model of legal levers for health equity in housing. △

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