HOUSING:
Home, Safe Home

Having a safe and healthy home is paramount to prosperity. Yet in light of rising housing costs and declining real wages, it is increasingly difficult for low-income families to secure a suitable place to live. Too often, affordable housing units are located in undesirable locations, marked by pollution, violence, and crime.

Poor housing conditions can significantly affect public health. Childhood lead poisoning, injuries, and respiratory diseases, such as asthma, have been linked to the more than 6 million substandard housing units nationwide. Residents of these units are also at increased risk for electrical injuries; falls; rodent bites; and exposure to pesticides, tobacco smoke, and carbon monoxide. In its Healthy People 2010 goals, the U.S. Department of Health and Human Services calls for a 52 percent reduction in the number of substandard occupied housing units throughout the United States (CDC 2007). In addition to environmental risks, residents in substandard public housing also face increased risk of crime and violence. Gun-related crimes disproportionately affect low- and moderate-income families residing in public housing. These residents are more than twice as likely to suffer from firearm-related crimes than other U.S. residents (U.S. Department of Housing and Urban Development 2000).

While findings are mixed, some studies suggest that residents of public housing have weaker social networks and experience social isolation. In many housing projects, which are typically densely populated, a lack of public spaces may foster distrust and conflict. Public spaces, such as sidewalks, well-maintained parks, and plazas where people can meet informally, help develop social trust and a sense of community. Some studies suggest that predictors of an individual's satisfaction within a community were the number of neighbors he or she could name and the number of years he or she expected to remain in the community (Glynn 1981).

For some, however, finding any home at all is an insurmountable challenge. Most homeless people have incomes below 50 percent of the federal poverty level[1], making it nearly impossible for them to afford rental housing, health care, or other basic human needs. It has been estimated that between 2.5 and 3.5 million people experience homelessness during any

[1] The 2007 HHS poverty guidelines indicate a threshold of $10,210 for a single individual. Source: *Federal Register*, 72 (15):3147-3148, January 24, 2007.

**AFFORDABLE HOUSING:
A STRATEGY FOR BETTER HEALTH**

One study from The Greenlining Institute examines the relationship of poor housing conditions, lack of affordability, and the location of housing to health impacts. In particular, a shortage of affordable units leaves individuals and families fewer dollars for other necessities such as nutritious food and health care coverage. In addition, the concentration of affordable housing in core urban areas or older suburbs has led to segregation of low-income people in these areas who then face a burdensome combination of poor physical conditions, little job growth, and limited economic mobility. Increasing opportunities for home ownership will not only allow low-income people to build their asset base, but will also allow them to exert control over their living conditions.

Source: The Greenlining Institute 2002

given year (U.S. Department of Housing and Urban Development 2007). Nearly 70 percent of the homeless population face serious health problems that increase the risk of becoming homeless and also make it more difficult to overcome homelessness.

Certain groups, such as people with mental illness or substance abuse disorders, returning veterans, and discharged prisoners, are at particularly high risk of becoming homeless. Serious mental illness plagues 20 percent of the chronically homeless (HHS 2003). Over the past several decades, the majority of the care for people with serious mental illness has shifted from state hospitals to the community. While many communities have designed programs to help homeless people with mental illness, the number of people in need far exceeds the capacity of such programs. With no way to track the homeless population, individuals with special needs, such as medication to control their illness, may find themselves in the emergency room or jail. Homeless people with substance abuse problems may wind up spending time in jail or in temporary rehab. While medical treatment is considered standard in most cases, it tends to be expensive and does not always offer adequate discharge planning, often sending individuals right back to the streets.

Returning veterans are also at increased risk for homelessness. Estimates indicate that nearly one-third of homeless men are former service members. The majority are single men from disadvantaged communities, nearly half of whom suffer from a mental disorder (National Coalition for Homeless Veterans 2007). Veterans face the same personal risk factors for homelessness as other vulnerable populations do – a shortage of affordable housing options, poor access to health care, a lack of social supports – and many live with lingering trauma from war.

To make matters worse, the health care system is simply not set up to effectively serve the homeless. The lack of a physical address makes service coordination difficult, and as a result, many homeless people receive their health care in the emergency room. In most cases, homeless people have a wide range of social service needs, ranging from health care, housing, employment, and access to public benefit programs. The current fragmented system places the burden on the individual to coordinate his or her own care. This evidence of health problems among the homeless exposes the strong connection between housing and health. The devastating combination of poverty and poor health makes finding adequate housing a near impossibility.

A GUIDE TO ENDING COMMUNITY HOMELESSNESS

The National Alliance to End Homelessness has created a ten-step checklist to help communities identify effective permanent solutions to prevent and end homelessness. Each step involves every sector of the community. Based on the alliance's Ten Year Plan to End Homelessness, the plan outlines a blueprint for communities to follow. Strategies include preventing homelessness, collecting data to improve the system's effectiveness, developing housing options that ensure long-term stability, and improving social supports for low-income individuals.

Source: National Alliance to End Homelessness 2007

Ending homelessness requires more than just building structures. Simply putting people in emergency shelters or other housing will not attack the underlying causes of poverty. Homeless or formerly homeless individuals who suffer from mental disorders or substance abuse problems need coordinated assistance to overcome their health problems. In addition, they need support to find employment, if they are able, or to pursue education. Studies suggest that supportive housing for the chronically homeless more than offsets the costs incurred by emergency rooms, prisons, and shelters (HHS 2003). In fact, within 12 months of moving into supportive housing, use of emergency rooms falls by 58 percent and use of hospital inpatient beds falls by 57 percent, with another 20 percent decline the next year (Proscio 2000).

THE ROLE OF PUBLIC POLICY

Public housing has been supported by a variety of federal policies and programs. The 1978 Housing Choice Voucher Program, more commonly known as Section 8, encourages the private sector to construct affordable homes and subsidizes public housing. Section 8 can also provide tenants with a voucher, accepted by some rental property owners. Only recently was Section 8 expanded to assist first-time homebuyers. In 1993 the Department for Housing and Urban Development (HUD) developed its HOPE VI program to replace severely distressed public housing projects with well-designed mixed-income housing. In addition, the program seeks to address the social and economic needs of residents in public housing. Studies have shown improvements in new housing developments such as lower levels of poverty, lower rates of violent crime and gang activity, and improved overall safety (Popkin and Cove 2007).

Over the past two decades, the homeless service system has grown remarkably, largely because of federal leadership and funding (Burt 2001). The McKinney Homeless Assistance Act of 1987 focused on providing care to homeless individuals with mental health or substance use disorders and resulted in a number of demonstration projects intended to build the evidence base. The Act, later the McKinney-Vento Act, marked the first time that federal resources for transitional and supportive housing were made available to communities. With this funding, HUD established its Continuum of Care program in 1996. HUD provides annual awards for homeless assistance projects that provide a comprehensive array of integrated services in communities.

Putting an end to chronic homelessness is no easy feat. Yet hundreds of cities and states across the nation have launched campaigns with that very goal. In 2001 the federal government adopted the goal of ending chronic homelessness in 10 years, and more than 200 communities, including Denver, New York City, and Nashville, have followed the federal lead to develop 10-year plans to end long-term homelessness. Many of these communities have implemented these plans, mobilizing both homeless-related and mainstream agency resources to address the needs of the chronically homeless population.

Despite concerted efforts to improve public housing and reduce homelessness, daunting policy challenges and choices remain. When local housing agencies create mixed-income developments, the number of units available for the poorest families may shrink. Racial and ethnic discrimination may limit families' options as they search for affordable housing in the private market. States and local communities are under pressure to respond to federal housing mandates, but shrink-

HOUSING TRUST FUNDS

Housing trust funds (HTFs), typically created by legislation or ordinance, are distinct funds established by cities, counties, or states that commit revenue to support affordable housing. An innovative departure from historical efforts to promote affordable housing, HTFs provide a dependable source of funding that does not rely on interest or earnings from a fixed fund or on contributions from private donors. Funds can be used to support the creation and maintenance of affordable housing, subsidize rental housing, improve homeless shelters, or provide start-up funding to housing developers.

Source: PolicyLink 2007

ing federal resources make it harder for local communities to design policies that respond to local circumstances and needs (Urban Institute 2007).
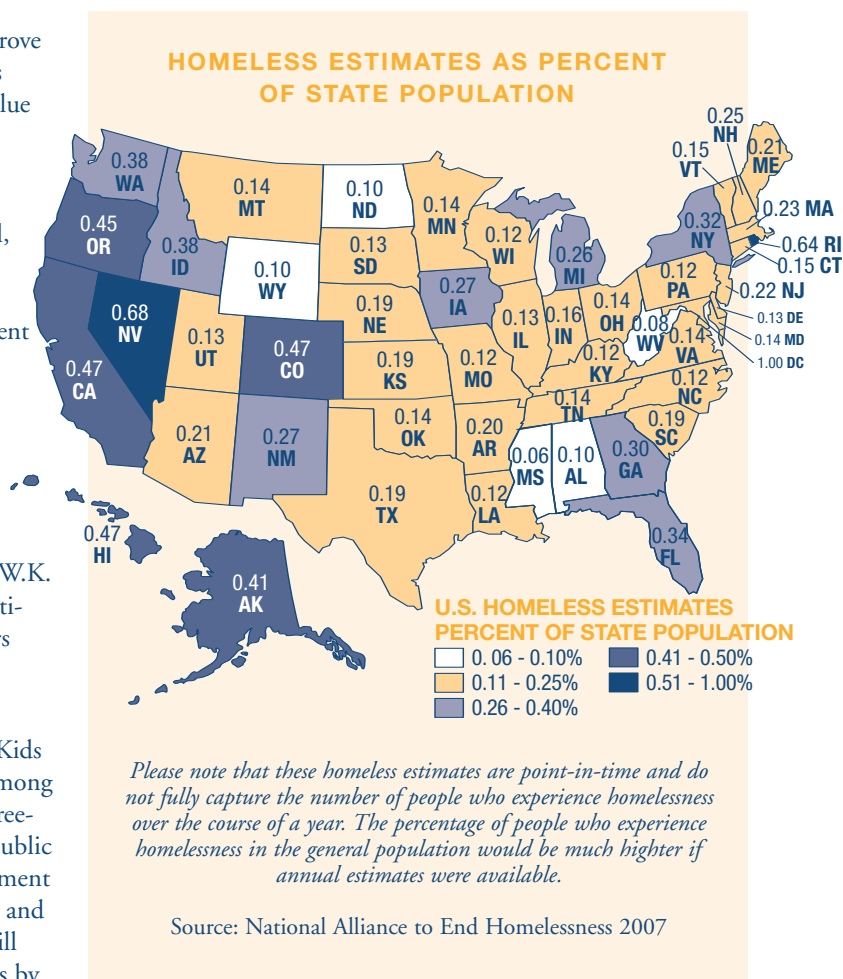
PROMISING PRACTICES

Organizations throughout the country are working to improve inadequate housing that can cause health problems such as asthma and lead poisoning. For example, the Blue Cross Blue Shield of Minnesota Foundation supports the National Center for Healthy Housing and its mission to reduce children's risk of lead poisoning and decrease children's exposure to other hazards in the home including biological, physical, and chemical contaminants. With a three-year, $150,000 grant, the foundation tasked the center with conducting a health impact study in a low-income apartment complex in Worthington, Minnesota, and examining how housing rehabilitation can improve health status.

The Medical-Legal Partnership for Children addresses residential issues that cause health problems such as mold, pests, and exposure to smoke and other pollutants. Funded by The Atlantic Philanthropies, the Jessie B. Cox Charitable Trust, Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, and others, the partnership uses multidisciplinary teams of social workers, attorneys, and doctors to leverage community resources and provide integrated, preventive services to children and families.

Saint Luke's Foundation of Cleveland, Ohio's Healthy Kids in Healthy Homes project strives to end lead poisoning among Cleveland children. In 2004 the foundation awarded a three-year planning grant of $1.3 million to a collaborative of public and private organizations including the Cleveland Department of Public Health, the Cuyahoga County Board of Health, and Lutheran Metropolitan Ministry. This planning project will use advocacy, adoption of lead-safe standards and practices by property owners, promotion of lead-safe maintenance work, and the testing of 100 percent of the children at risk to identify and eliminate lead poisoning. The end result of the three-year planning process will be the development and implementation of a 10-year strategy to address the issue and completely eliminate its effects.

In 2005 The California Wellness Foundation awarded a $225,000 grant to Collective SPACE, a community-based organization in Los Angeles that mobilizes residents of substandard housing to change their living conditions. Collective SPACE works primarily in the MacArthur Park/Westlake community, a high-poverty neighborhood that is the largest port of entry for new immigrants. An estimated 70 percent of its residents live in crowded, substandard housing, marked by deteriorating structures, inadequate heating and ventilation, high levels of mold and lead, asbestos, unreliable plumbing, and rodent infestation. A large segment of the community is comprised of undocumented immigrants who may be unaware of their rights as tenants or afraid to voice their concerns. Collective SPACE aims to improve housing conditions by working with residents to address health hazards found in their homes and providing educational workshops.

HOMELESS ESTIMATES AS PERCENT OF STATE POPULATION

U.S. HOMELESS ESTIMATES PERCENT OF STATE POPULATION
- 0.06 - 0.10%
- 0.11 - 0.25%
- 0.26 - 0.40%
- 0.41 - 0.50%
- 0.51 - 1.00%

Please note that these homeless estimates are point-in-time and do not fully capture the number of people who experience homelessness over the course of a year. The percentage of people who experience homelessness in the general population would be much higher if annual estimates were available.

Source: National Alliance to End Homelessness 2007

It also collects data about existing health hazards that help to inform community-driven action plans and policy recommendations to improve living conditions.

Creating supportive housing requires coordination among many fragmented systems including health care, housing, and public financing. In 1991 Robert Wood Johnson Foundation awarded a $4 million grant to create the Corporation for Supportive Housing (CSH), a national resource center that assists individuals and organizations with developing supportive housing for the chronically homeless. The organization acts as an intermediary organization to share expertise and best practices, develop replicable models, educate public agencies, and draw on federal funding streams. Stemming from earlier work in providing health care to the homeless, CSH has offices in over ten states and works on initiatives in several others and has developed over 15,000 units of supportive housing (Green 2007).

The Brandywine Health Foundation leveraged community resources to develop the Brandywine Housing and Health Center, a nearly 50,000-square foot building that will house a federally qualified health center, a dental center, and behavioral health center as well as 24 units of affordable housing for low-income individuals ages 62 or over. The health services provided will be targeted to the uninsured and underinsured residents of Chester County, Pennsylvania. It is the hope of the partnership, which includes local banks, the Chester County Department of Community Development, and the U.S. Department of Agriculture, that the center will aid the area's economic development, improve area residents' health, and increase the availability of affordable housing for seniors.

The Colorado Health Foundation, along with The Colorado Trust and other Colorado foundations, supports Denver's Ten-Year Plan to End Homelessness. Based on the Housing First model, the plan aims to end homelessness by providing comprehensive services including housing, mental health and substance abuse treatment, and job training. The foundation will support outreach to the homeless population to access Medicaid, Supplemental Social Security, and other government programs as well as fund primary health, mental health, and substance abuse services. In particular, the foundation will fund mental health and substance abuse treatment services for those who are ineligible for public programs or who are waiting for their applications to be processed. In its first year, the plan accomplished several goals including developing over 200 affordable transitional housing opportunities, adding over 100 temporary emergency shelter beds, providing anti-discrimination training to local agencies, increasing coordination between treatment providers, and increasing the number of outreach workers to assist the homeless.

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