Housing and Neighborhoods as Root Causes of Child Poverty

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Abstract

Understanding how housing inequities among families with children are rooted in structural racism is important for identifying opportunities to engage in ongoing and collective work as pediatricians to lift children out of poverty. This article discusses the complex mechanisms between housing and child and family health outcomes, and offers potential solutions linking housing, health programs, and policy solutions. Beginning with a review of historical antecedents of housing policy and their impact on health inequities, the authors outlines policies and structures directly linked to disproportionate housing instability and inequities in health outcomes among children. This article examines four key domains of housing − affordability, stability, quality, and neighborhood − and their relationship to child and family health. Finally, the authors present multidimensional solutions for advancing health equity.

Keywords: housing affordability; housing quality; housing stability; neighborhoods redlining; racism

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What's New

This paper explores historical antecedents of housing policy, research on housing and child health, and multidimensional solutions for advancing child health to advance efforts for lifting children out of poverty.

To engage in the ongoing and collective work to lift children from poverty, pediatricians must understand the structural and racist systemic factors that created and perpetuate housing inequities, and that continue to influence inequitable place-based outcomes for children of color and children who live in poverty. This article will discuss the complex mechanisms between housing and child and family health outcomes, and offer potential solutions linking housing, health programs, and policy solutions. Beginning with a review of historical antecedents of housing policy and their impact on health inequities, this article outlines policies and structures directly linked to disproportionate housing instability and inequities in health outcomes among children. We will then discuss four key domains of housing − affordability, stability, quality, and neighborhood − and their relationship to child and family health. Finally, multidimensional solutions for advancing health equity will be presented.

Historical Antecedents of Housing Policy and Impact on Child Health Inequities

Stable, affordable, and safe housing that is connected to social mobility opportunities is one of the cornerstones of health throughout the lifespan.[1−3] Stable housing is associated with a decreased number of adverse pediatric health outcomes, better mental and physical health for children and families, and better developmental and educational outcomes when compared to children and families who are housing unstable.[4−7] Housing instability, defined as being behind on rent and/or multiple moves, and homelessness, defined as living in a shelter, a motel/hotel, a place not meant for human habitation, or "couch surfing", is the reality for millions of families in the US.[2] In 2013, an estimated 2.8 million renter households were at risk of eviction and 2.5 million children younger than age 18 experienced homelessness.[4] This reality is layered with inequities caused by systemic racism leading to disproportionate rates of health disparities and limited upward social mobility for many communities of color.[2,8]

The New Deal Era

The structural drivers of the low-income and affordable-housing market have historically been influenced by the societal ideology of the hierarchy of human value and operationalized by government intervention and public −private partnerships.[9,10] The New Deal Era Federal Housing Administration (FHA) lending policies created systematic disenfranchisement of Black Americans.[11−13] The practice of "redlining" strategically segregated Black Americans to impoverished neighborhoods marked for government, and private disinvestment barred Black Americans from moving into more resourced communities.[12,13] The impact of these practices led to

these communities of color experiencing increased rates of health inequities.[13,14]

Systematic Federal Disinvestment in Public Housing

The Civil Rights movement of the 1960s provided momentum for the creation and enforcement of equitable housing practices via the Fair Housing Act of 1968. This law prohibited discrimination on the basis of color, race, religion, and national origin in most real estate transactions, and established a moral and legal precedent for the banking and housing sector.[12,15] Unfortunately, this pivotal law was often poorly enforced due to societal pressures to maintain the established racial hierarchy.[12,15]

The impact of racial residential segregation was compounded by systematic disinvestment in housing by the federal government in the late 20th century. The federal government has tools to address the needs of renters including the Low-Income Housing Tax Credit, which offers a tax incentive to developers to produce affordable housing, and the Housing Choice Voucher program, which provides rental subsidies to increase affordability for renters. These programs, however, are underfunded, in contrast to the mortgage interest deduction, which enables homeowners to deduct mortgage payments from their tax burden. As a result, deep inequities in wealth accumulation persist between predominately white homeowners and renters of color.[16] This disinvestment intersected with a decreased low-income housing stock, and increasing cost for housing.[10,16] These inequities were compounded by the Great Recession of the late-2000s that led to a rapid decline in homeownership and increase in renters, with the largest increase occurring in low-income households.[16] The impact of the economic downturn and stagnant HUD funding restricted the sustainable pathways for low-income renters to secure affordable housing[16] and led to an increased number of cost burdened renters (those who are paying greater than 30% of their income for rent) which rose from 14.8 million to 21.3 million from 2001 to 2014.[16] It also led to an increased number of severely burdened households (those who are paying greater than 50% of their income for rent) which rose from 7.5 million to 11.4 million in the same time period.[16] The economic downturn had a disparate burden on families and communities of color.[16]

Four Key Housing Domains That Impact Child and Family Health

We now will turn to the four domains of housing – quality, stability, affordability, and neighborhood. These four domains are critical to the development of sustainable policies and practices to ensure positive child health outcomes as well as promote healthy growth and development (Figure).

Quality

Low-income families are often relegated to live in homes that have increased incidence of disrepair which raises children's risk of poor health outcomes.[16] A home with adequate heating and cooling that is free of lead, second-hand smoke, mold, pests, and other known environmental hazards is critical for child health.[17] Significant lead exposure during early childhood irreversibly damages a child's brain and can be an independent factor in children's intergenerational economic mobility.[2,18] In addition, mold, pests, and second-hand smoke have been shown to exacerbate asthma and other respiratory conditions.[19] Due to racial segregation, environmental hazards are disproportionately experienced by children of color leading to racial health disparities.[2,18,20–22] Interventions have been developed, such as asthma home visiting programs, that reduce harmful indoor exposures through partnerships between housing advocacy groups, community-based providers, and health care organizations.[2]

Stability

Low-income households experience the highest rates of housing instability, evictions, and recurrent homelessness.[16] This rate is higher for people of color and single mothers.[16,23] Currently there are an estimated 2.8 million households at risk of eviction, many of which are families.[16,23,24] Research indicates that children in families who move frequently are at increased risk of developing mental or behavioral health conditions, having poorer developmental outcomes, and decreased educational attainment.[2,5,25] Housing instability also adversely

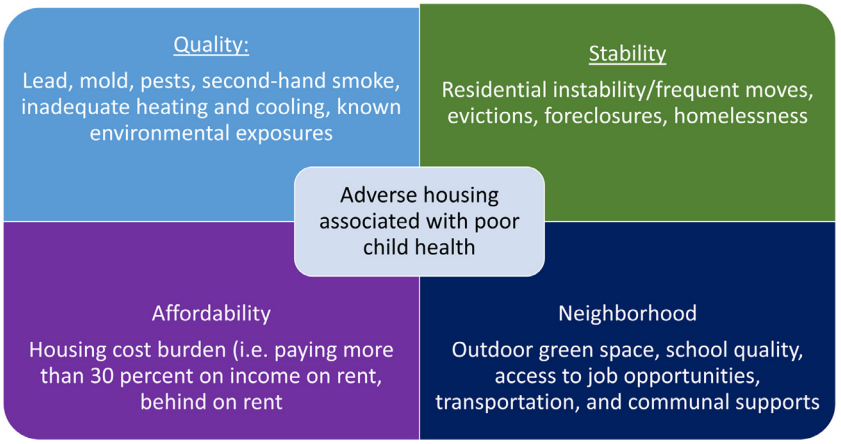

Figure. *Adverse housing associated with poor child health.*

impacts the economic stability and economic mobility of the family.[16,26–29]

AFFORDABILITY

The National Low-Income Housing Coalition states that there is a significant lack of affordable housing for the lowest income renters.[30] This current state is caused by the steady increase in median housing cost in conjunction with broad disinvestment of federal programs to maintain and build new affordable housing units, and the national stagnation of wages.[2,16] This combination of factors results in an increase in the rates of forced displacements, including foreclosures and evictions.[31] Furthermore, the disproportionate amount of family income needed to pay for housing places families at greater risk of food insecurity, energy insecurity, and increased urgent health visits for potentially preventable conditions.[16,31]

LOCATION/NEIGHBORHOOD

The impact of decades of discriminatory legal practices persists and manifests as concentrated areas of poverty, health disparities, and decreased educational achievement.[8,14,18,32–36] The environment in which a child plays, learns, and lives has important effects on future social mobility and health outcomes. The literature clearly shows the importance of affordable and stable housing that is located in neighborhoods with communal supports such as a large fraction of fathers at home, safe outdoor space, job opportunities, and high performing schools to support the longitudinal development of a child and intergenerational social mobility.[8,18,37] Thus, pediatric health care interventions and policies need to have a neighborhood level lens.[2,34,37]

SOCIAL MOBILITY VIA A HOUSING AND NEIGHBORHOODS LENS

In addition to the deleterious impact of systematic disinvestment and systemic racial inequity on individual children and family's health and wellbeing, many communities exhibit racially based inequity in upward mobility. The statistically significant variance in intergenerational social mobility is strongly correlated to the intersection of race, gender, place, and wealth accumulation, which, in United States is most commonly related to home ownership.[8] These compounding factors create intergenerational income gaps, a form of intergenerational inequality defined as "racial differences in income distributions conditional to parental income."[8] Without intentional investment in communities, neighborhoods can become disenfranchised and become centers of inequality. Neighborhood level inequality can be seen in occupational segregation, degradation of the built environment (such as poor lighting, lack of green space, and increased levels of environmental toxins), poor educational opportunities, and incarceration of adolescents and young adults.[8,18,32–34] These factors are buttressed by historical drivers of systemic racism and form a feedback loop that generates persistent inequity.[18] This obstinate neighborhood level inequality is also exemplified by the negative impact it has on children and family's health and wellness outcomes such as asthma exacerbations and average depression scores for caregivers.[4,16,18,34]

MULTILEVEL SOLUTIONS

A multitiered and multifaceted approach is needed to dismantle the inequitable housing structures that induce and sustain health disparities for families with low incomes, especially for those in communities of color. The four tiers that will be examined in this manuscript are 1) Family/Primary Care Pediatrician Level; 2) Clinic Level Practices; 3) System/Anchor Institution Level; 4) Policy Level – the tertiary prevention strategies that address upstream drivers of inequity (Table).

Table. Multitiered, Multifaceted Approaches for Promoting Health Equity Through Housing and Financial Stability, Social Mobility, and Wealth Building

Interventions/Levels	Family/Doctor	Practice/Clinic	System/Anchor Institution	Policy
Stable, affordable, quality housing	Identification of homelessness, housing instability, housing quality issues	Collocating services or referral networks	Cross-sector partnerships and system alignment	Federal and state investments in affordable housing and housing services
Financial stability	Identification of financial health and family economic hardship	Integration of financial education and coaching into the delivery of health care	Career pathways internally and externally within the health system	Implementation of universal basic income, EITC/CTC, increase in minimum wage
Social Mobility via Housing and Neighborhoods	Zip code rating of o pportunity maps	Connecting to better housing in neighborhoods of opportunity; identifying resources for advancing educational attainment	Health system engagement in place-based initiatives for hiring, procurement, investment, and equitable development	More mobility vouchers, deep investment in neighborhoods with historical disinvestment.
Wealth building	Assessment of barriers to asset accumulation	Connection to asset building resources including "Baby Bonds", 529 accounts, and credit score repair	Establishing partnership with banks to improve access to asset building opportunities and establishing place-based co-investment in communities	Expansion of the Family Self-Sufficiency Program, banking reform measures to promote homeownership

CLINICAL INTERVENTIONS: FAMILY/PRIMARY CARE PEDIATRICIAN LEVEL

Nationally, health care systems are assessing social determinants of health during patient encounters, including adverse housing, financial stability and barriers to asset building, via systematic screening protocols. Screening tools for housing affordability and stability in pediatric settings include the Housing Stability Vital Sign and the Accountable Health Communities screening tool which additionally include questions on housing quality. Both of these models also include questions on co-occurring financial hardships. [2,38–40] To address neighborhood factors, strategies for understanding neighborhood level factors that impact health outcomes on a practice level are also critical.[38] This includes maintaining an awareness of neighborhood level factors that impact health and development and seeking opportunities to support families in either navigating neighborhood challenges or accessing resources to relocate, such as mobile housing vouchers, if a family desires. The assessment of multiple forms of adverse housing by pediatricians ensures that families do not slip through the cracks and endure the unnecessary sequelae of housing-induced illness exacerbation.[2,19]

CLINICIAN INTERVENTIONS: PRACTICE OR CLINIC LEVEL INTERVENTIONS

In addition to screening, patient-centered models of responding to health-harming housing need through cross-sector partnerships – including health services, housing assistance, case management, financial education and counseling, opportunities for educational advancement, legal advocacy, and asset building resources - are emerging. One example of this is the Housing Prescriptions as Health Care Pilot randomized controlled trial, an intervention administered by Children's HealthWatch (AB-A,MS) at Boston Medical Center (BMC) funded through philanthropic support which leveraged health system and state funded resources. The intervention connects families with complex health care needs who are experiencing housing instability to a coordinated cross-sector service team.[4] The families in this study received medical care from BMC pediatricians, financial services support from Nuestra Comunidad, a local community development corporation, legal support from MLPB (formerly Medical-Legal Partnership Boston), housing support in the form of case management from a local housing services provider, Project Hope, and application assistance and preferential moving up on the Boston Housing Authority waitlist.[4] Families receiving the Housing Prescriptions as Health Care intervention showed significant improvements in child health and parental mental health relative to those receiving the standard of care.[4] These outcomes are consistent with other studies. For example, the 2018 National Academies of Science, Engineering, and Medicine reports on health outcomes and chronic homelessness also noted that integrated case management was more efficacious than standard case management or housing assistance alone.[41] While these models are resource intensive given scope of needs and services, health system leaders should seek opportunities to braiding and blending funding from health systems, private philanthropy, and public funds to better enable sustainable and scalable solutions.

CLINICIAN INTERVENTIONS: SYSTEM/ANCHOR INSTITUTION LEVEL

Responding to conditions through the "neighborhood effect" model, which addresses the symptoms of disinvested neighborhoods – concentrated poverty, racial segregation, environmental toxins, minimal safe and affordable housing, low cohesion and support, violence, trauma, and low performing schools – is critical for improving population health.[34] Within this model, solutions include the development of place-based, cross-sector partnerships to improve pediatric health outcomes, and eliminate health disparities. Hospital systems are employing efforts across multidomains through "anchor" strategies that seek to promote health equity within the communities they are located. Pediatricians are well-positioned to advocate for and advance place-based investing and programming given their proximity to the clinical implications of adverse housing conditions.

One example of this is the recently founded Boston Opportunity System (BOS) Collaborative that is a partnership between Boston hospitals acting as anchor institutions and community leaders aimed at increase housing stability and promoting economic mobility. The work of the collaborative is evidence-based and shaped by community members and leaders who are cocreators of the initiative and deeply embedded in the design and implementation of the work. The collaborative, which is funded by a JP Morgan Chase Advancing Cities award, will fund high-quality, affordable housing and employment opportunities with the goal of advancing equity by investing in marginalized communities in Boston. As a result, this initiative seeks to address multiple root causes of racial inequities by concurrently addressing housing instability and income and wealth inequality.

Nationwide Children's Hospital has also been a leader in implementing innovative housing solutions to promote child health. Through initiatives to build and renovate housing units to improve their quality, pair affordable housing options with job training and career pathways, and partner with local organizations to reduce infant mortality by supporting pregnant and birthing people transition out of homelessness, Nationwide Children's Hospital has effectively leveraged multisector resources that improve housing stability, increase economic mobility, and promote health for children and families.

POLICY LEVEL

The drivers of inequity are embedded in historical and current local, state, and national policy. For meaningful sustainable change to occur, systemic solutions must be made. Pediatricians can be strategic advocates for housing policy change because they work at the intersection of

health and housing.[2] Recognizing what is at risk, key policy-based initiatives implemented at the federal, state, and local levels that can be implemented are:

- Wealth building and increasing economic mobility: To transform the aforementioned reality of historical racist policies and their impact on health, there must be equitable, governmental investment in individuals' earning potential, income allowance, housing affordability, and wealth building opportunities.[8,16,18,32,33] In addition, dramatic increases in rental assistance, such as through Housing Choice Voucher program, which creates opportunities for families with very low incomes to afford homes in the private market, is critical to boost available family financial resources given the strain housing has on family budgets. Despite evidence demonstrating the effectiveness of rental assistance in decreasing homelessness and housing instability, currently an estimated three-fourths of eligible renters are unable to access assistance.[2,42] Some specific policies that will lead to increased family income are boost in and reform of the Earned Income Tax Credit, permanent reform of the Child Tax Credit so that it is a true child allowance, and increase in the minimum wage indexed to inflation.[2,33,43] Further, addressing conditions created by red-lining and historical disinvestment in housing and economic development in marginalized communities such as efforts to promote homeownership will increase asset building. Each of these investments in families' economic stability will provide families more resources to afford basic needs including housing and, as a result, promote health.
- Neighborhood stabilization: In conjunction with the previously mentioned strategies, increased development and preservation of the affordable housing stock including renovation of aging housing stock that poses risks to health and utilization of evidence-based tools for affirmatively furthering fair housing are critical.[2] This includes efforts to advocate for the expansion of The National Housing Trust Fund, which is dedicated to building, maintaining, and operating rental properties for extremely low-income households.[2] Additionally, supporting the investment in the built environment should be conducted in a manner that employs an equitable development framework and that promotes racial/ethnic equity.[2] Finally, restoration of regulations for implementing the Affirmatively Furthering Fair Housing requirements of the Fair Housing Act issued by the Obama Administration are necessary for establishing and mandating evidence-based tools that effectively reduce residential segregation and promote health equity.

Conclusion

The structures of the past have created an inequitable reality for children and families, especially those who live in families with low-incomes and disinvested communities. Recognizing the complex and embedded nature of racist housing and banking policies and their impact on child health is an opportunity for all pediatricians to become advocates. Pediatric health can only be improved through cross-discipline collaborations and multifaceted policy changes that ensure health equity for all children and families.

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