

Housing and Health: Unlocking Opportunity

Dr. Raphael W. Bostic
University of Southern California

April 24, 2017

Charles Hastings Lecture
Toronto, Ontario

Overview

- Background/history
- Return of the concept
- Barriers to success
- Current examples

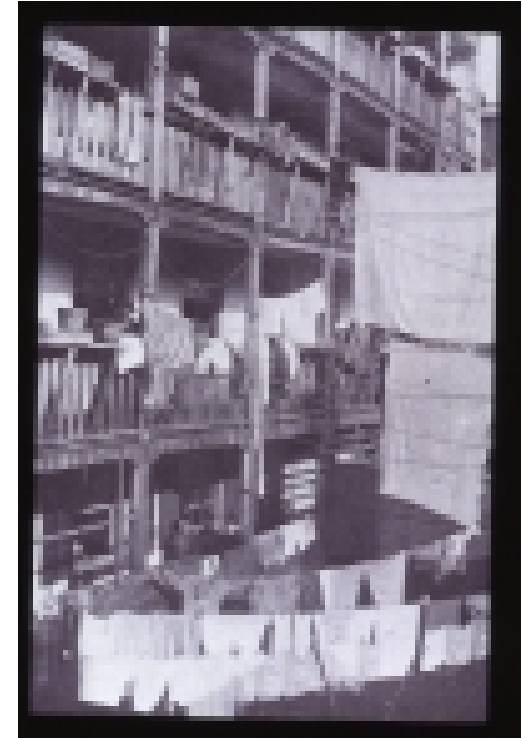
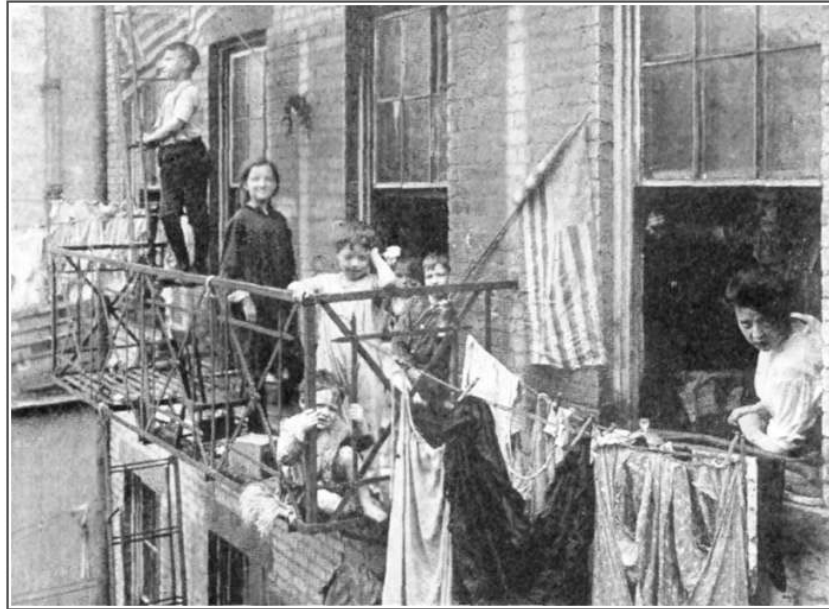
The Punch Line

- Proactive behavior to create new partnerships can lead to progress on the social determinants of health and result in better population health

HOUSING AND HEALTH: A US HISTORICAL PERSPECTIVE

Background

- Housing and population health have a long history



[Image of kids on street](#)

[Image of girls on balcony](#)

[Image of laundry lines/](#)

[ScanImage02624.jpg](#)

1856 inspector:

“no provision for ventilation;
drainage was insufficient; the
sinks in wretched condition,
and the entire structure thick
with nauseating smells”

-- *Urban Castles*, Jared Day, p. 17



House partly destroyed by fire but still occupied circa 1904–1905. Standard building methods created fire hazards, both obvious and hidden. Builders often applied “three months” paint. The mixture was inexpensive, and it made the apartments look good for about three months, long enough for the builder to sell the tenement. Unfortunately, not only did the paint deteriorate quickly but, as with many of the cheap materials used, it was a fire hazard. A reporter for *McClure's Magazine* noted in 1911 that “let a lamp or a candle near enough to it while it is still damp, and fire would go around the room or down the tenement hall as fast as a man could run.”



Demolition site circa 1906. Even with walls missing, tenants still live here. Landlords had little to fear from injured tenants because successful lawsuits against landlords were rare



The owner of this Brooklyn tenement lived in this cellar bedroom 4 & 1/2 feet wide, 8 feet long, 7 feet high, circa 1915–1916. Between 1880 and 1920, landlords and leasing agents often lived in the same rundown tenements they managed.



Real estate brokers, immigrant banks and other types of unlicensed lenders, such as this one circa 1907, acted as buyers, sellers and financiers of tenements.

NY Times Report on the plight of grocer Edward Rafter

“At two of his buildings, a baker and fish seller worked in two of the three stores on the first floor, and they shared the sink in the basement. The baker used water from the sink for his bread; the fish seller washed his fish in the sink; and the sixteen families in the two buildings used the sink as a urinal.”

-- *Urban Castles*, Jared Day, p. 55

Background cont'd

- Housing and population health have a long history
 - 1890s: Slum clearance and upgrade as a public health initiative
 - 1949: National Housing Act

The National Housing Act of 1949

- Provisions
 - Title I - “Bulldozer approach”
 - \$1 billion in loans to acquire slums, blighted areas for public, private devlpmt
 - Title II - Increased insurance limit

The National Housing Act of 1949 cont'd

- Provisions
 - Title III - Restarted Wagner public housing
 - Build 810,000 new low-rent units over next 6 years
 - 1 slum down for each put up
 - Ceilings on tenant incomes and construction costs
 - focus is the very poor, not working poor
 - NOT real competition for private builders
 - Title IV- Established funding for research
 - Title V- Expanded rural housing program

Further Background

- Community development and population health have a long history
 - 1890s: Slum clearance and upgrade as a public health initiative
 - 1949: National Housing Act
 - Periodic successes since 1960s, including
 - Investments by HUD and regulatory actions together reduced incidence of childhood lead poisoning by 70 percent
 - Moving to Opportunity for Fair Housing (MTO) demonstration, which showed that housing choice can reduce psychological distress, depression and obesity among adults, and mental health problems for girls

RETURN OF THE CONCEPT: HEALTH IN ALL POLICIES

The Recent History: Health in all Policies Rises Anew

- Through the Affordable Care Act, the U.S. for the first time explicitly embraced health in all policies at the federal level
 - National Prevention Council created
 - National Prevention Strategy articulated
 - Established a Prevention and Public Health Fund



The Recent History – A Reset

- There has been renewed attention to connecting community development efforts to public health metrics
 - Health benefits are being observed as major outcomes of housing-related investments
 - There is a broadening recognition that social and economic factors – social determinants of health – can drive population health outcomes
 - Budget pressures across the board have increased need to broaden funding base and leverage existing resources

Policies Shaping the Social Determinants of Health

- Policies on
 - Housing and community development
 - Mainly HUD (about \$30 billion)
 - Includes Community Development Block Grants, HOME Investment Partnership grants, Housing Choice Voucher program, Choice Neighborhoods



A Colleague and Excellent Advocate



National Center for Medical  Legal Partnership

www.medical-legalpartnership.org

The Housing Vaccine for Healthier Communities

Megan Sandel MD MPH

Principal Investigator, Children's HealthWatch
Associate Professor , Boston University Schools of Medicine
Medical Director, National Center for Medical-Legal Partnership
Grow Clinic, Boston Medical Center

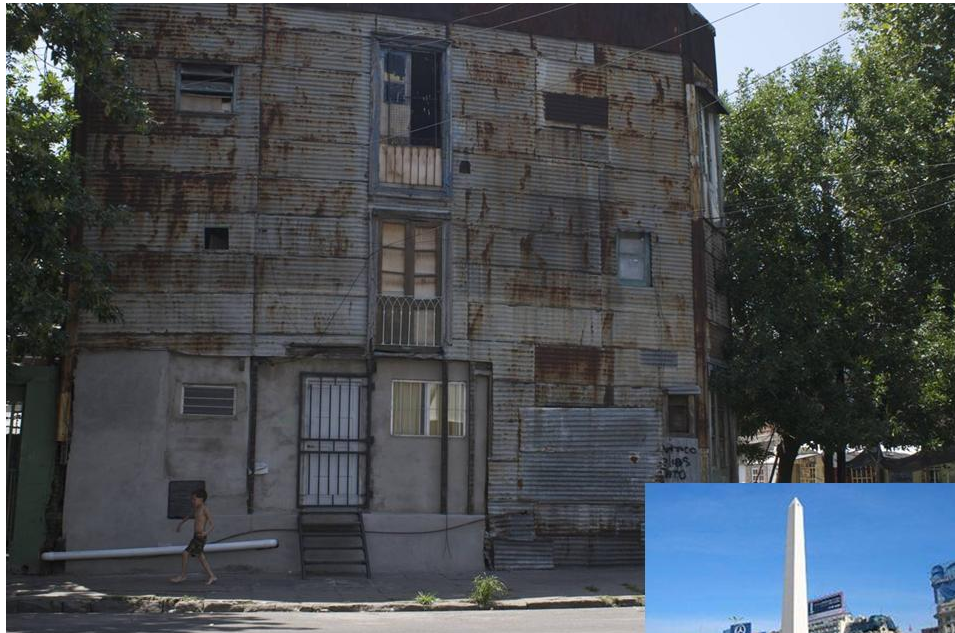
Policies Shaping the Social Determinants of Health II

- Policies on
 - Housing and community development
 - Public safety
 - DOJ (\$630 million) in state, local, and tribal law enforcement
 - Community-Oriented Policing Services (COPS), Byrne Criminal Justice Innovation Program, Community-based violence prevention initiatives, substance abuse programs

Policies Shaping the Social Determinants of Health III

- Policies on
 - Housing and community development
 - Public safety
 - Transportation
 - DOT and EPA (more than \$20 billion)
 - Sustainable Communities Grants, Brownfields, Federal Transit Administration, Surface Transportation program, Metropolitan Planning Grants, MAP-21, TOD planning

Sustainable Urban Housing Competition Winner: Developing Real Estate for Squatters and Tenants



One of the largest cities in the world, with 14 million inhabitants, Buenos Aires is a city of stark contrasts



Recycling Urban Homes, Buenos Aires, Argentina

Policies Shaping the Social Determinants of Health IV

- Policies on
 - Housing and community development
 - Public safety
 - Transportation
 - Capital and finance
 - Treasury and others (more than \$10 billion)
 - Low-income housing tax credit, Community Reinvestment Act for depositories, CDFIs, CDFI Fund



Policies Shaping the Social Determinants of Health V

- Policies on
 - Housing and community development
 - Public safety
 - Transportation
 - Capital and finance
 - Education
 - Department of Education, USDA, VA, HHS (about \$30 billion)
 - School meals programs, Head Start, Race to the Top, Veterans education

Applying Modified Jerry Maguire Rules



HEALTH IN ALL POLICIES: BARRIERS TO SUCCESS

Barrier 1: Sectors Don't Know Each Other

- Housing and health professionals don't know enough about each other
 - Business-related
 - Funding sources and cycles
 - Rules and restrictions
 - Where money is being spent
 - Personal
 - Professional relationships
- Prevents “Jane Jacobs-type” innovation

Barrier 2: Siloed Budgeting Erect Walls

- Non-health investments can yield health-related benefits
 - But those non-health sectors get no “credit” for the benefits
 - Congressional Budget Office scoring in the US does not allow credits for benefits in related sectors
 - Health sector gets a “free” gift

Barrier 3: Governance Structures do not Promote Coordination

- (Non-health) Investments by one jurisdiction or government entity can yield (health) benefits in other jurisdictions or government entities
 - In principle, this can be managed

The San Francisco Experience

- San Francisco has made significant investments in supportive housing
 - Dr. Mitch Katz, Director of the Department of Public Health, was a strong voice in the deliberation
- Katz has not had the same degree of success in Los Angeles
 - Why?

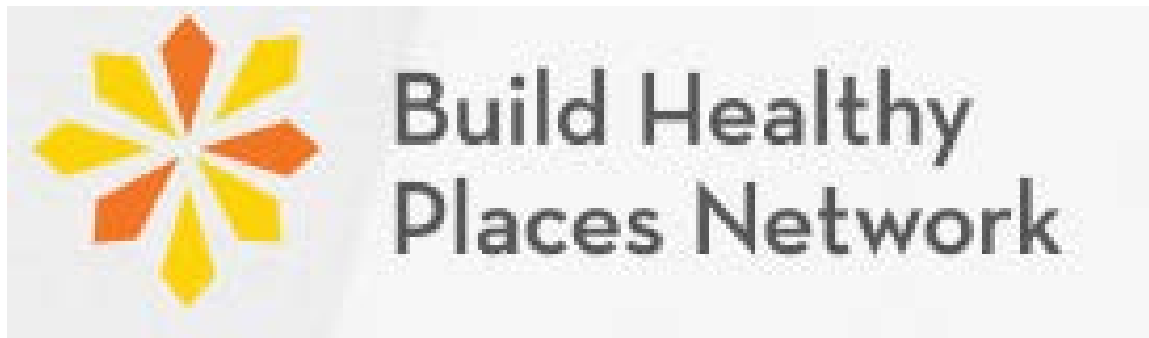
SF v. LA: A Clear Contrast



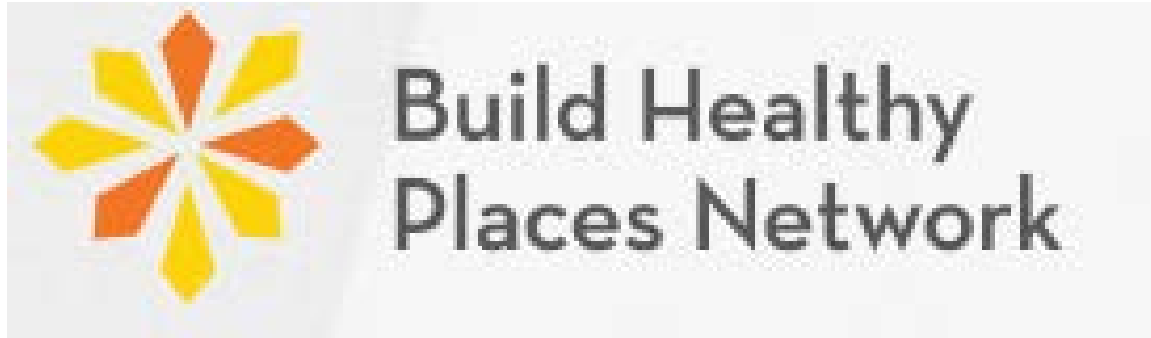
Barrier 3: Governance Structures do not Promote Coordination (cont'd.)

- (Non-health) Investments by one jurisdiction or government entity can yield (health) benefits in other jurisdictions or government entities
 - In principle, this can be managed
- But maintaining commitment over time is hard
 - Long-term commitment mechanisms are lacking

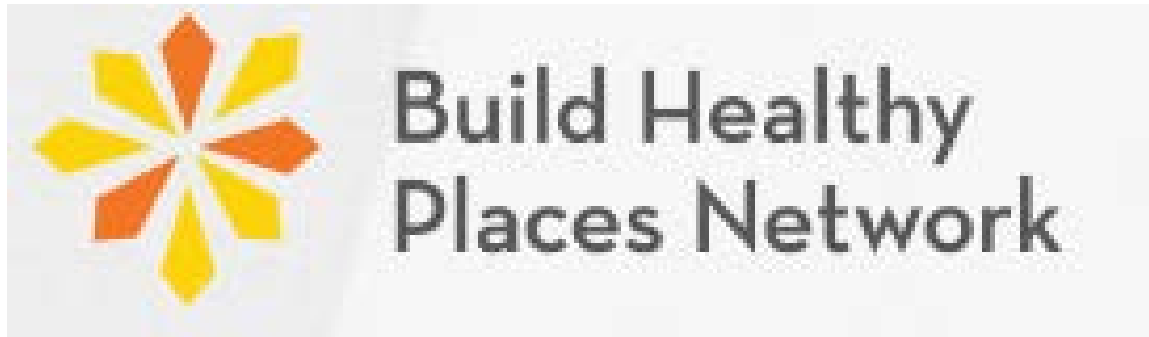
CURRENT EFFORTS



<http://www.buildhealthyplaces.org/>



- Mission
 - To catalyze and support collaboration across the health and community development sectors, together working to improve low-income communities and the lives of people living in them.
 - [Build healthy places website](#)
- A Clearinghouse



A Clearinghouse

[#NetworkCommons](#) | [Case Studies](#) | [Community Development 101](#) | [Crosswalk Magazine](#) |
[Dispatches](#) | [Expert Insights](#) | [Fast Facts](#) | [Healthy Communities Initiative](#) | [Making the Case](#) |
[Stories](#) | [The Network's Picks](#) | [Videos](#) |

Activity

Roundtable on Population Health Improvement

*The National
Academies of*

SCIENCES
ENGINEERING
MEDICINE

HEALTH AND MEDICINE DIVISION

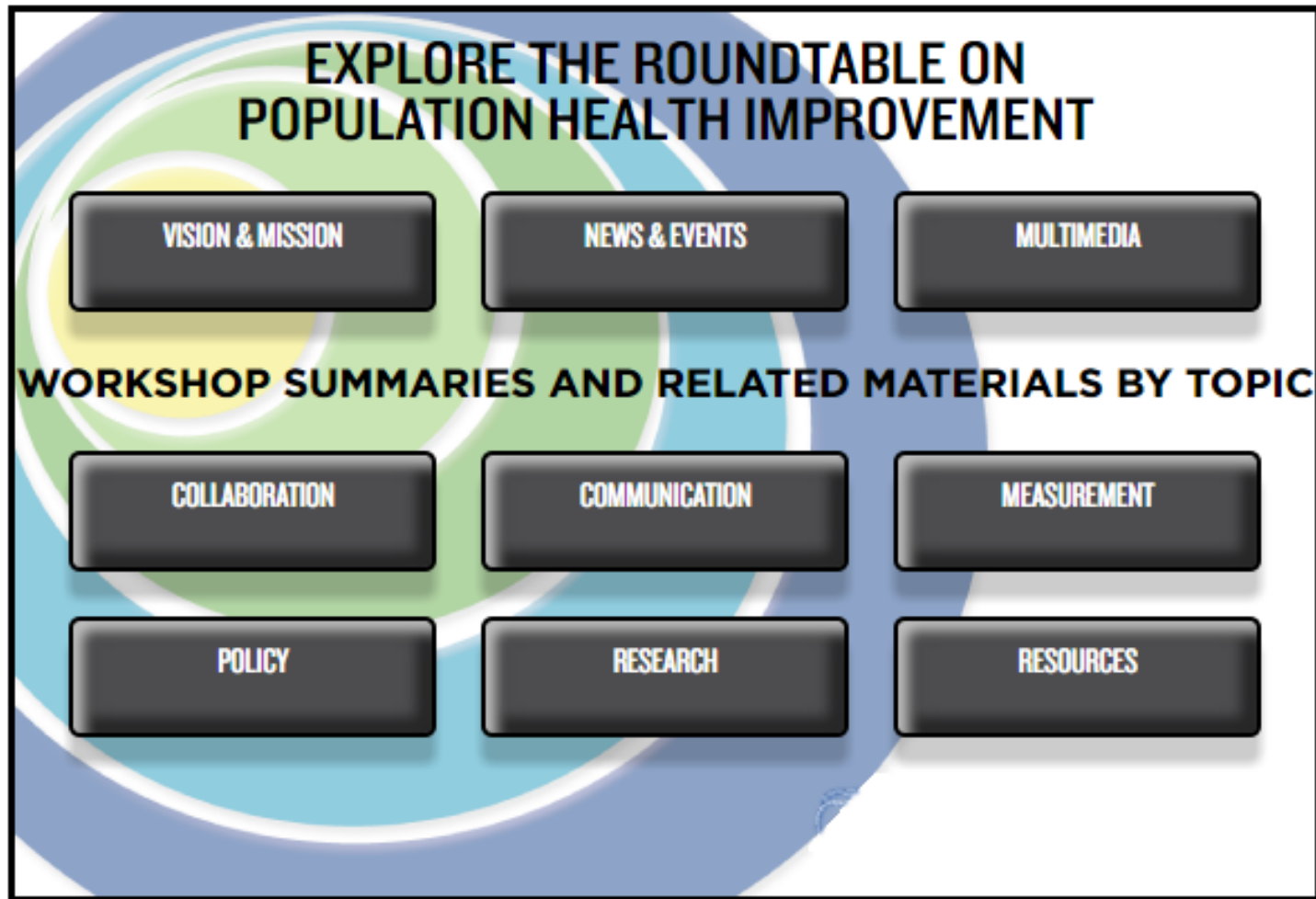
Activity

Roundtable on Population Health Improvement

*The National
Academies of* | SCIENCES
ENGINEERING
MEDICINE

HEALTH AND MEDICINE DIVISION

- Core issues
 - Support fruitful interaction between primary care and public health
 - Strengthen governmental public health
 - Explore community action in transforming the conditions that influence the public's health



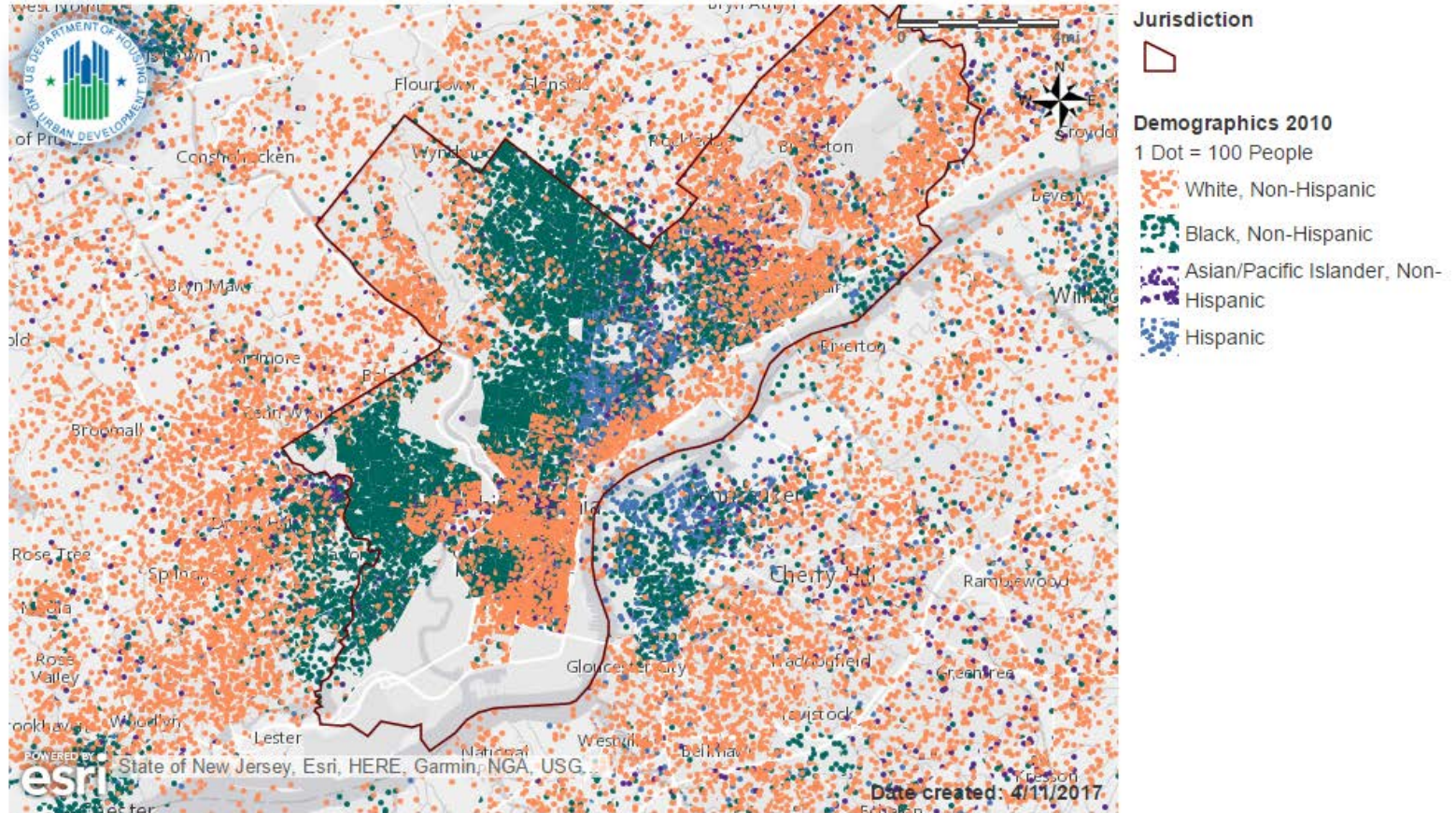
<http://nationalacademies.org/HMD/Activities/PublicHealth/PopulationHealthImprovementRT.aspx>



Affirmatively Furthering Fair Housing (AFFH)

- Fair Housing Act of 1968 mandates that the Department of Housing and Urban Development (1) eliminate illegal discrimination and (2) affirmatively further fair housing
- In 2016, HUD established new regulations to meet this charge
 - A planning exercise that results in an Assessment of Fair Housing

HUD Affirmatively Furthering Fair Housing Data and Mapping Tool



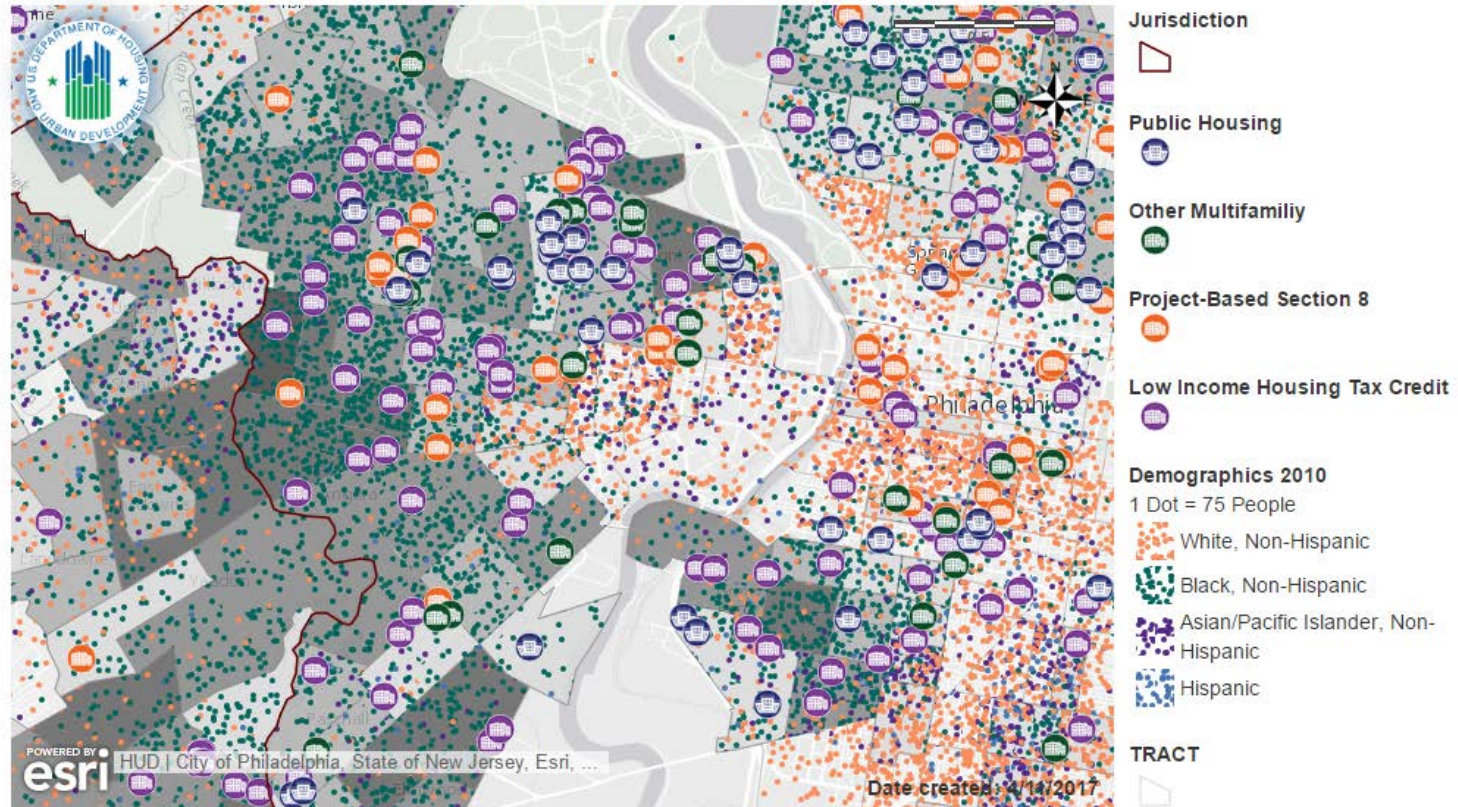
Name: Map 6 - Housing Problems

Description: Households experiencing one or more housing burdens in Jurisdiction and Region with R/ECAPs and race/ethnicity dot density

Jurisdiction: Philadelphia (CDBG, HOME, ESG)

Region: Philadelphia-Camden-Wilmington, PA-NJ-DE-MD

HUD Affirmatively Furthering Fair Housing Data and Mapping Tool

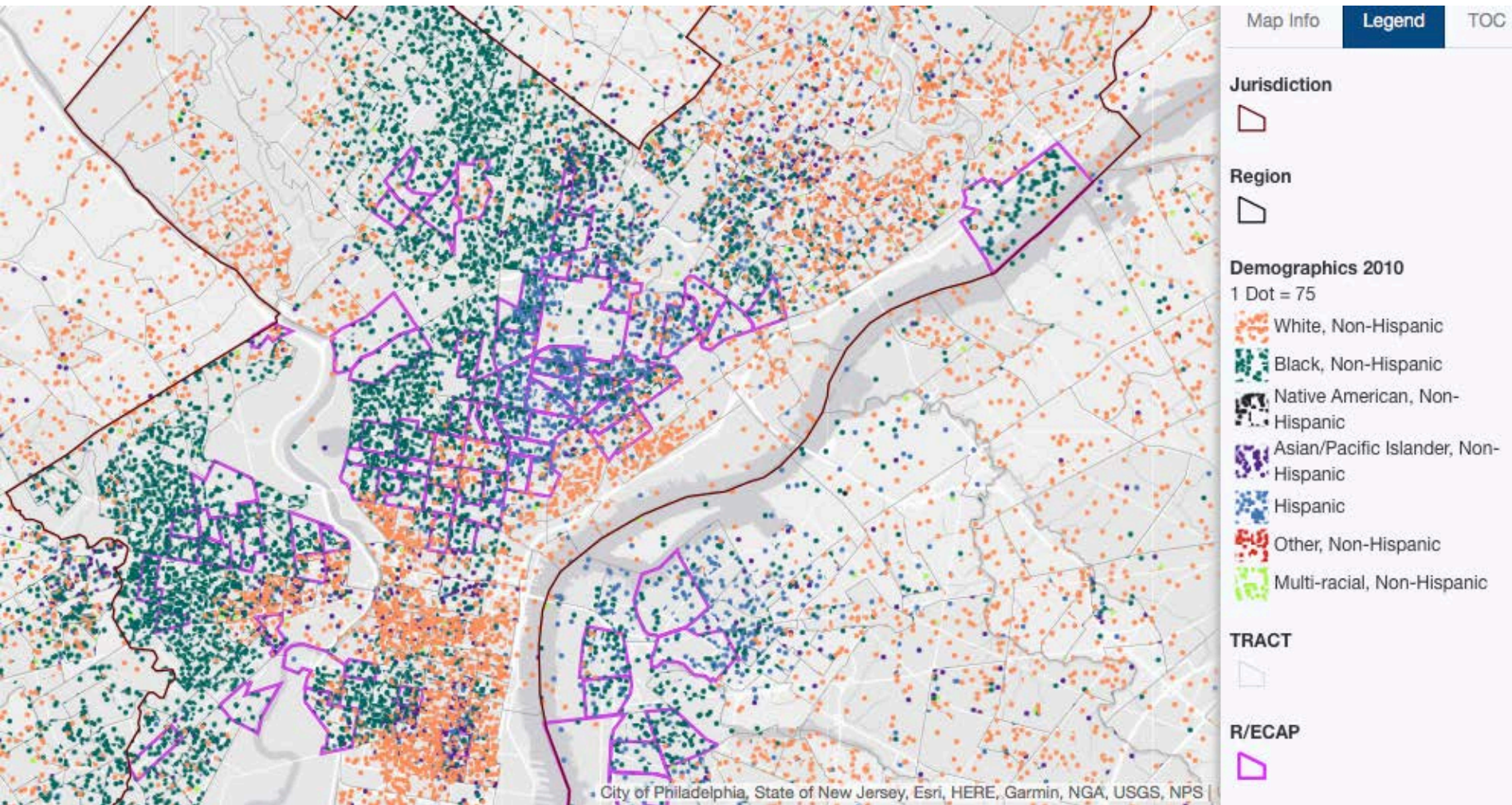


Name: Map 5 - Publicly Supported Housing and Race/Ethnicity

Description: Public Housing, Project-Based Section 8, Other Multifamily, and LIHTC locations mapped with race/ethnicity dot density map with R/ECAPs, distinguishing categories of publicly supported housing by color

Jurisdiction: Philadelphia (CDBG, HOME, ESG)

Region: Philadelphia-Camden-Wilmington, PA-NJ-DE-MD



AFFH: A Possible Model for Action

- The AFFH process has many features that could facilitate progress in linking housing and health
 - Clearly articulated goals
 - Accessible data to illustrate the local conditions
 - Venues for community dialogue and discussion
 - Strategies based on consensus
 - On-going evaluation of progress



A Final Thought: Organization of this Approach

- Will be decidedly multi-sectoral and multidisciplinary
 - Partnerships link organizations from varied sectors
 - Non-profit organizations
 - Philanthropy/foundations
 - Private sector firms
 - Public sector
 - Policy already requires this in specialized arenas
 - Affordable housing development for the homeless is one example
 - Next step is to generalize this and bring it to scale

Thank You

bostic@usc.edu