

HEALTH EFFECTS OF UNSAFE, UNSTABLE, AND UNAFFORDABLE HOUSING





As pediatrician Meagan Sandal notes, “a stable, affordable home can act like a vaccine, providing multiple long-lasting benefits on both the individual level and the community level.”¹ A lack of access to safe, stable, and affordable housing leads to stress, poor mental health, and reduced access to key health-promoting opportunities. Race, gender, income, and other intersectional factors are associated with further housing-related health risks. Over generations, these effects are compounded. Below, we briefly explore these dynamics to highlight why housing must be at the center of any strategy to improve community health and well-being.

What Are the Health Effects of Unsafe, Unstable, and Unaffordable Housing?

Aspects of housing quality such as unsafe structures; poor ventilation and climate control; and exposure to pesticides, lead, radon, carbon monoxide, and mold are harmful to health. Poorly designed homes or unsafe structures compromise the health and safety of all people, but are particularly risky for older adults whose falls may have debilitating consequences such as broken bones and head injuries.² Exposure to harmful chemicals and toxins can interfere with brain development; cause neurological and cognitive damage; and increase risk of a variety of cancers, respiratory ailments, and death.²

Current evidence demonstrates that housing instability also is associated with poor health outcomes, particularly for children and adolescents.^{3,4} The Department of Health and Human Services defines housing instability as living in housing that is unaffordable, low quality, and overcrowded, and is located in neighborhoods with high rates of crime and poverty, and/or lacking job opportunities.^{5,6} Housing instability in the form of eviction or foreclosure has such profound effects on a person's life that researchers are now beginning to see it not just a condition but a cause of poverty.⁷

Although there is no set definition of housing instability, it has been shown that homelessness, frequent moves (more than twice in the past 12 months), and being behind on rent are associated with increased risk of lower caregiver and child health levels and household material hardship.⁸ In particular, these housing issues were associated with increased likelihood of poor child health and maternal depression. Children of those who are behind on rent or are homeless were found to have an increased lifetime chance of hospitalizations, while those who were frequent movers or homeless additionally experienced increased chances of developmental risk.^{9,10} Eviction is associated with poor mental health, depression, and material hardship, which further perpetuates the cycle of poverty.¹²



What Are the Health Effects of Discriminatory Housing and Development Policies?

The public health adage that your zip code is a better predictor of health than your genetic code holds true largely because of policies that perpetuated neighborhood segregation and created concentrated pockets of disinvestment and wealth.¹³ The consequences of policies such as redlining are still evident in most American cities.^{14,15} For instance, a study by the Kirwan Institute found that people who lived in formerly redlined areas of Cleveland had higher rates of exposure to lead and toxic waste, infant mortality rates 5 to 6 times higher than those in non-redlined areas, and a 15-year reduction in life expectancy.¹⁶

Populations that historically or currently face housing discrimination experience additional barriers to health. Policies that deny people the opportunity to rent or purchase homes in resource-rich neighborhoods, or prioritize the production of market-rate housing often restrict opportunities for low-income families. With limited options, families often move to neighborhoods with poor conditions, characterized by challenges including [low-performing schools](#), [lack of access to healthy food](#), [poor-quality housing](#), and exposure to crime and violence.¹⁷

Race continues to have an outsized effect on where people live and the resources they have access to, particularly for black people. A 2012 study by the Department of Housing and Urban Development noted that potential white renters and home buyers were shown and offered more and better housing options by realtors and landlords than people of color, regardless of income levels. The study found that people of

color whose ethnicity is more readily identifiable “experience more discrimination than those who may be mistaken for whites.” The study also found that people of color who were low-income or had poor credit were often steered toward neighborhoods with higher rates of poverty and crime and lower-quality schools, even if options were available in other neighborhoods.¹⁸ Mary Patillo’s ethnographic work in Chicago points out that policies that resulted in rigid racial segregation in neighborhoods make it even more difficult for middle-class African Americans to escape intergenerational poverty by moving away from extremely poor, disadvantaged areas of the city.¹⁹

The neighborhood environment not only affects the health and life outcomes of individuals who are exposed to poor neighborhood environments during their lifetime, but also has residual effects on future generations. Sociologist Patrick Sharkey describes this phenomena with the idea of “linked lives,” where neighborhood advantages and disadvantages accumulated over a lifetime are not felt solely by the individual, but are also transmitted to some extent to the next generation.²⁰ Neighborhood poverty effects include cognitive development, educational attainment, mental health, occupational trajectories, and economic successes. These effects do not disappear when a child enters adulthood, but rather linger into adult life, shaping the family and neighborhood environment in which they raise their children, their parenting style, and the resources they are able to devote to their children.

The effects of neighborhood environments are cumulative: They are stronger when experienced by 2 consecutive generations. Additionally, the causal effects of neighborhood environments are proportional to the time spent in neighborhoods, so changes in neighborhood conditions during childhood play an important role in either reversing or perpetuating intergenerational poverty.²¹



Discriminatory housing and development policies continue to undergird a number of social determinants of health beyond housing and remain a major issue for institutions and communities as they seek to create more equitable health outcomes. See our [Medium site](#) for in-depth discussions on this topic, including the housing policies that continue to drive educational outcomes and the complex history of public health's role in promoting inequitable housing policies. See our [case studies](#) for examples of how these policies shape the contexts for local institutions.

Who Is at Risk of Living in Unsafe, Unstable, or Unaffordable Homes?

Low-income families with children are especially likely to live in unsafe, unstable, and unaffordable housing. A Milwaukee study found that tenants living with children were almost 3 times more likely to receive an eviction judgment in court.²² As sociologist Matthew Desmond [notes](#), “Children didn’t shield families from eviction; they exposed them to it.”²² It is even more difficult to find housing with an eviction on one’s record, which contributes to harmful cycles of protracted housing insecurity.

Looming risk of homelessness has especially harmful consequences for children. For young children, homelessness can have a lasting effect on mental and physical functioning and can lead to chronic diseases later in life. Studies find that young children who have experienced homelessness for longer than 6 months are significantly more likely to have developmental delays, have poor health, be overweight, or be hospitalized than children who have never experienced homelessness or have done so for less than 6 months.^{9,23} The younger a child experiences homelessness,

the greater the cumulative toll of negative health outcomes; just the stress of homelessness during early childhood can lead to higher levels of stress-related chronic diseases later in life.⁹ Mothers who experience homelessness during pregnancy were more likely to be hospitalized after birth even after receiving housing.⁹

People whose identities are subject to multiple or intersectional forms of discrimination usually face many interrelated barriers to accessing safe, stable, affordable housing.^{24,25} For instance, data show that forced displacement from housing is most prevalent among low-income black women. A study of tenants in Milwaukee found that more than 1 in 5 black female renters reported being evicted as an adult, which is triple the rate of white women.²⁶⁻²⁸ Women who face domestic violence also face barriers to safe and stable housing. [RE:Gender](#), now called the International Center for Research on Women, notes that, though women with documentation of their abuse have historically been given preferential access to federal rental assistance, the limited availability of public housing units and Section 8 Housing Choice Vouchers make this resource inaccessible to many domestic violence survivors.²⁹ A 2013 paper on the intersection of domestic violence and homelessness reports that intimate partner violence is listed as a primary cause of homelessness, and that more than 80 percent of mothers with children experiencing homelessness have experienced domestic violence.³⁰

Lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) people, particularly children, are likely to experience housing instability or homelessness. The Voices of Youth Count study from the University of Chicago found that LGBTQ youth had a 120 percent higher risk of homelessness.³¹ Similarly, the study found that unmarried parenting youth had a 200 percent higher risk. Veterans and formally incarcerated people are also at higher risk for homelessness.²⁹



Conclusion

Although the body of research linking housing and health is still growing, researchers have found that access to safe, stable, affordable housing in well-resourced neighborhoods has led to reduced chronic and infectious disease rates.³² Affordable housing leaves families and individuals with more money to spend on necessities, such as health care and nutritious food, and provides emotional and mental health benefits through greater stability and reduced stress.^{2,33} A lack of affordable housing leads to lengthy and costly commutes, scarcity of work and educational opportunities, and social isolation. Safe, stable, affordable housing located near high-quality opportunities can improve health outcomes. All of this evidence points to a need for policies to ensure that all people have access to safe, stable, affordable housing, and a need for policy interventions that target specific populations and communities that are at higher risk for insufficient housing. As Matthew Desmond notes, “If we were able to offer more affordable housing *and* provide people with a shot at stability and decency, that would be a very sturdy foothold on the way toward more economic security and a massive anti-poverty measure.”³⁴ If equitable health outcomes are the goal, then equitable housing policies and systems that focus on providing safe, stable, affordable, well-located housing for all people are vital steps toward that goal.

Endnotes

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4. Cutts DB, Meyers AF, Black MM, et al. US housing insecurity and the health of very young children. *Am J Public Health*. 2011;101(8):1508-1514. doi:10.2105/AJPH.2011.300139.
5. The Department of Health and Human Services definition of the 5 different housing conditions that contribute to housing instability:
 - *High housing costs* refers to housing that takes up more than thirty percent of a household's gross monthly income. Since poor families must pay higher proportions of their income on rent, high housing costs disproportionately affect this population.
 - *Poor housing quality* refers to housing that is lacking complete plumbing or a kitchen, has inadequate electricity or heating, or has “upkeep problems” (such as leaks, holes, or peeling paint).
 - *Unstable neighborhoods* are those characterized by conditions such as poverty, crime, and lack of job opportunities. Most subsidized housing is located in neighborhoods with these characteristics. Other problems that characterize unstable neighborhoods include noise, traffic, litter, poor or very limited city services, and undesirable neighbors.
 - *Overcrowding* refers to more than one person living in a room. Overcrowding is often the result of high housing costs or the lack of housing assistance.
 - *Homelessness* refers to the lack of a fixed, regular, and adequate nighttime residence.⁶
6. Johnson A, Meckstroth A. *Ancillary Services to Support Welfare to Work*. Assistant Secretary for Planning and Evaluation.; 1998. <https://aspe.hhs.gov/report/ancillary-services-support-welfare-work>.
7. Sociologist Matthew Desmond notes, “budding literature documenting the effects of eviction and foreclosure suggests that involuntary displacement is a cause, not simply a condition, of poverty and social suffering.”¹⁷
8. Material hardship measures the extent to which individuals are able to meet basic needs. There is not a standard set of material hardship measures, but assessments may include: food insecurity, difficulty paying bills, lack of medical care, possession of consumer durables, unstable housing, neighborhood problems, and fear of crime. Though often related, material hardship is not a direct reflection of income. Studies find that some people with lower incomes do not report various types of material hardship, while others who have higher incomes may experience some form of hardship.⁹ Iceland and Bauman find that income poverty is more strongly associated with some hardship measures, such as food insecurity, difficulty paying bills, and possession of consumer durables, and less strongly associated with others, including housing and neighborhood problems and fear of crime.³⁵



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14. Redlining is the illegal practice in which financial institutions deny or limit mortgages and financial resources to residents in certain neighborhoods, without regard to individual creditworthiness. Historically, these neighborhoods tend to be predominantly poor or minority neighborhoods. The term "redlining" originates from early Home Owners Loan Corporation maps, where the color red was used to denote areas where lending was considered unadvisable due to the racial and income characteristics of the residents in those neighborhoods.¹⁵
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24. Intersectionality, a term coined by feminist legal scholar Kimberle Crenshaw, is a feminist sociological theory which looks at varying and multiple dimensions of social relationships. The theory describes how social factors are interconnected and thus cannot be examined separately from one another.²⁵ There are many tenets of intersectionality, but the ones particularly relevant to housing and health include: that human experiences cannot be accurately understood by prioritizing any one single factor or constellation of factors; that social categories/locations, such as race, ethnicity, gender, class, sexuality, and ability, are socially constructed, fluid and flexible; and that promotion of social justice and equity are paramount.³⁶
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