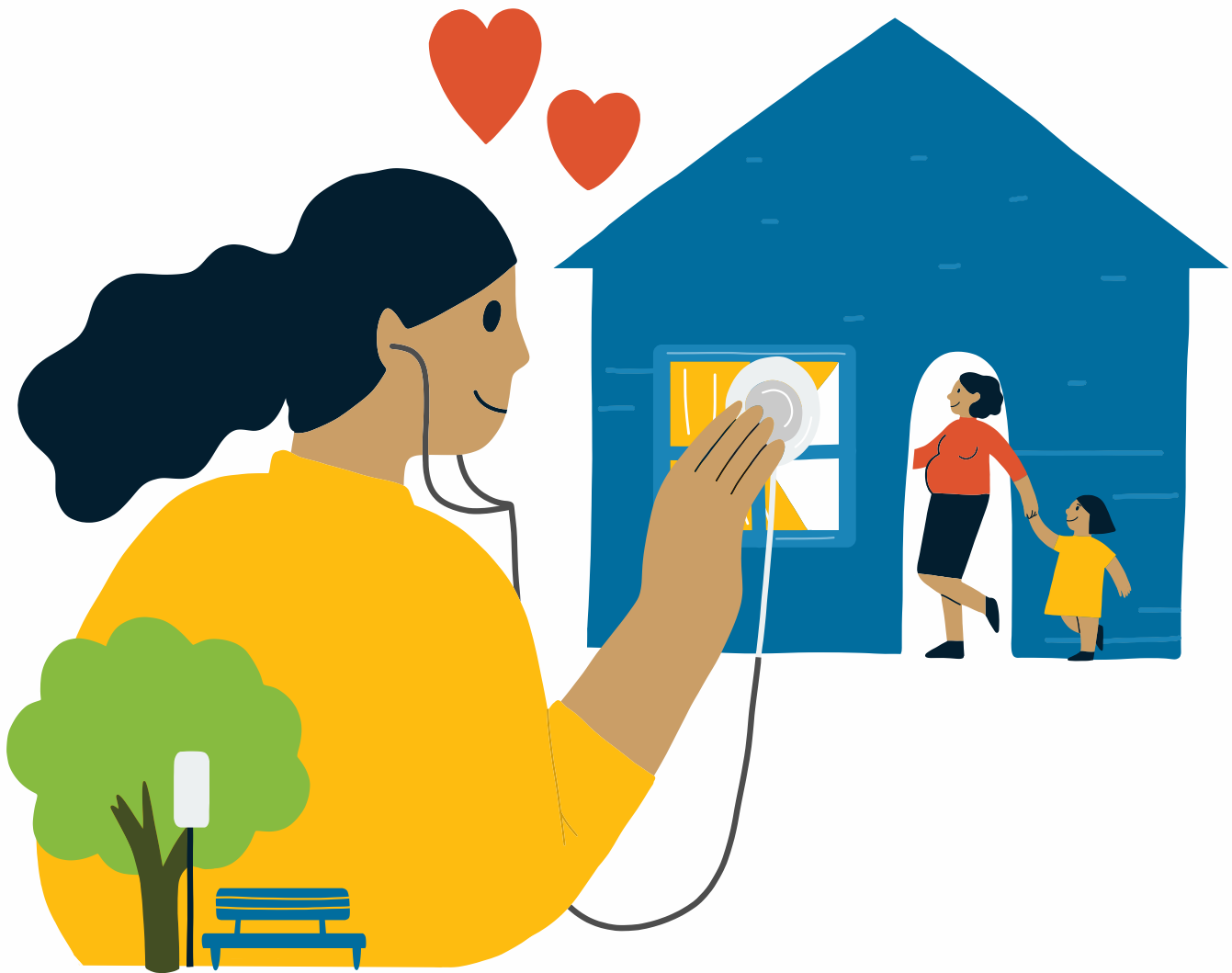


THE HEALTH & HOUSING STARTER KIT

A GUIDE FOR PUBLIC HEALTH DEPARTMENTS, HOUSING AUTHORITIES, AND HOSPITALS WORKING AT THE INTERSECTION OF HEALTH AND HOUSING



ChangeLab Solutions



Introduction

Opening story

On a brisk fall day in 1991, Maria de la Luz, José de Jesus Garcia, and their 2 young daughters left the 1-bedroom apartment they called home in San Francisco's Portola district – for the last time. Packed into a truck, the Garcia family moved the king-sized bed they all slept in, along with an assortment of housewares and keepsakes they had gathered from swap meets and flea markets, up the crooked streets of Visitacion Valley in southeast San Francisco, to a house on a hill that overlooked the glittering bay. The girls ran through the house, passing the windows that overlooked Candlestick Park, to pick their own rooms, where in the months to come they would fall asleep to the cheers of football and baseball crowds. The house signified a great deal of achievement, risk, and sacrifice for Maria and José, who had left their hometown in Mexico to come to the United States with the same dreams and hopes that generations of immigrants have held.

Over the next 20 years, Maria and José's house would become home to their 2 daughters, 4 granddaughters, and eventually Maria's aging sister. It would be the home José would leave every day to start work as a hotel steward in downtown San Francisco, and the place Maria would return to after her own 18-hour work days. In the upstairs bedroom that overlooked the bay, their youngest daughter, Veronica, would go into labor a few months before her 17th birthday and then again just a month after her 20th. The dining room table, with a cherry wood veneer, would be the place where Veronica would contemplate college for the first time after she was laid off, and where she would celebrate her graduation from San Francisco State University 5 years later. Out of necessity and love, Maria would greet her granddaughters after school in the living room while Veronica pursued her education. It would be in this house on a hill with the gorgeous

views that Veronica would accept her first job with the City and County of San Francisco, a job that would allow her and her daughters to, as Veronica tells it, "graduate from poverty."

Veronica's graduation from poverty not only reflects her grit, determination, and accomplishment, but also points to the bundle of benefits that flow from a stable, affordable, and well-connected home. Those benefits include improved health and educational outcomes for children; reduced stress levels; increased food security; stronger connections to schools, parks, and transportation;¹⁻⁴ and for homeowners the most widespread opportunity to build wealth.¹ Yet, for a variety of reasons, these benefits remain out of reach for many Americans. While homeownership has traditionally ensured greater access to the bundle of benefits, it has become an increasingly risky proposition for many, particularly people of color who were hit especially hard by foreclosures during the Great Recession.⁵ And renters face a growing tangle of obstacles when trying to access safe, stable, affordable housing.⁶

Homeowners and renters experience differences in their relative access to the health benefits of housing, with homeowners generally faring better. Additionally, different demographic groups face different risks. Historically, communities of color have faced barriers to buying and renting homes in neighborhoods with ample resources and opportunities, limiting their access to health-promoting amenities and their ability to build wealth. In recent years, more people have been struggling to make ends meet, as living expenses – particularly housing costs – have outpaced income growth.⁷ [These challenges](#) are structural in nature, resulting from the laws and policies that govern our housing system. By recognizing the limits of the intents and outcomes – both historic and current – of these laws and policies, cities and local institutions are taking steps to mitigate the challenges that arise when people lack safe, stable, affordable housing and are even beginning to change the system.



Roles for Local Institutions in Health and Housing Initiatives

Around the time Veronica Garcia gave birth to her first daughter in the early 2000s, 3 institutions around the country began a series of experiments based on the belief that housing was fundamentally tied to the health and well-being of the families and communities they served. The Alameda County Public Health Department in California began analyzing epidemiological data that would become [Life and Death from Unnatural Causes](#), a seminal study linking social inequities, such as persistent housing discrimination, to health disparities. The Denver Housing Authority broke ground on the Curtis Homes Redevelopment, a project that would initiate a series of site redevelopments resulting in mixed-income projects in that city's Lincoln Park and Sun Valley neighborhoods. And West Baltimore's only safety-net hospital, Bon Secours, began buying and rehabilitating row houses and a vacant school to stabilize their surrounding neighborhood, ultimately creating over 800 housing units for seniors, families, and disabled people.

When local institutions like these expand access to safe, stable, affordable housing – what we call *comprehensive healthy housing* – families like the Garcias gain a foundation of stability that allows them to grow and thrive. Our guide focuses on these 3 types of local institutions – public health departments, public housing authorities, and nonprofit hospitals—because of their ability to knit together investment and community leadership and leverage their substantial resources and wide reach to improve both housing policies and health outcomes. In addition, these institutions serve populations that are particularly vulnerable to health risks associated with poor housing, including children, the elderly, and people of

color. Their attempts to improve health by increasing access to safe, stable, affordable housing therefore have a particularly strong impact on health equity.

The nation's 2800 local public health departments are working to improve health through a variety of initiatives, such as collecting data on the effects of unsafe, unstable, and unaffordable housing and supporting the development of healthy communities.⁵ Local health departments are uniquely situated to function as relationship builders to help form partnerships and address population-based health and housing challenges. In particular, health departments can draw on their data resources and build on their cross-sector work to help health and housing providers expand person-based initiatives to help address population-level challenges. Finally, given the wide range of stakeholders health departments work with, they are well placed to play a central role in educating the public about the importance of, and advocating for, health and housing initiatives.

Public housing authorities in the United States manage 1.2 million housing units, home to 2.2 million residents, and administer Section 8 vouchers, which collectively provide affordable housing to more than 5 million people.^{6,7} Public housing authorities are uniquely situated to function as place-based providers of health and housing initiatives, helping to build healthier neighborhoods in the communities they serve. Drawing on existing resources, public housing authorities can play a vital role in providing public health department and hospital partners with direct physical access to target populations and with space to implement their programs. As housing developers and managers, public housing authorities can also work to implement physical health and housing solutions, including developing healthy housing, improving active living spaces and access, and participating in local planning processes.



Nonprofit hospitals serve millions of people in the United States and spend billions in community benefits. A recent report to Congress estimated that nonprofit hospitals spent \$62.4 billion on community benefits, and over 53 million people benefited from community health improvement services, such as housing and economic development programs, in 2011 alone.⁸ Hospitals are uniquely situated to become investors in health and housing initiatives. By utilizing their scale and aligning their investment strategies, hospitals can make significant direct financial investments in upstream local health and housing programs that will improve the health of their patients and the broader community.

The Health & Housing Starter Kit is designed to help local institutions take their first steps toward creating bold and innovative health and housing initiatives. The guide begins with the stories of 3 local institutions that have been working on health and housing initiatives for over 10 years. The Building Blocks cover a range of issues that local institutions will likely wade through as they start their efforts, and are drawn from themes we pulled from nearly 2 years of field research and interviews with staff at each of our case study sites. These include leadership, financing, how to develop an orientation toward health equity, forming partnerships with communities and other institutions, scaling your work to address population outcomes, developing indicators to understand and evaluate your efforts, and crafting messages to build support.

The Health & Housing Starter Kit includes:

Introduction

- Opening Story
- The Health Effects of Safe, Stable, and Affordable Housing

Case Studies

- Alameda County
- Denver Housing Authority
- Bon Secours Hospital

Building Blocks

- Partnering with Communities
- Engaging Partner Organizations
- Using Indicators to Inform Health and Housing Initiatives
- Framing and Messaging for Health and Housing Initiatives

We are excited to see more institutions looking for opportunities to address health inequities through comprehensive housing strategies. Your work can be a seed of inspiration for your partners and decisionmakers at the state and federal levels. As you will see, even sophisticated institutions that have been working on these issues for a long time still struggle to meet the housing needs in their communities. The factors that create unsafe, unstable, and unaffordable housing are systemic in nature and have been decades in the making. Addressing the root causes of inequitable housing conditions requires a systemic response. To learn more about policy options for local jurisdictions, see ChangeLab Solutions' Healthy Housing work.



Endnotes

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