



HOUSING AND HEALTH

The Effect of Housing on the
Health of Low-income Renters in
Richfield, Minnesota

HEALTH EQUITY DATA ANALYSIS

The links between health and housing inequities are undeniable, and the challenges faced by households struggling to afford housing in opportunity-rich communities like Richfield undermine the collective health and prosperity of the community. Households of color are disproportionately impacted. When some community members cannot access safe, affordable housing, their physical and mental health may be negatively affected. In turn, this can affect success in school, workplace and community. Policy decisions made by the City that affect housing can go a long way toward making Richfield a healthier, more vibrant, and ultimately more equitable community.

City of Bloomington
Division of Public Health
May 2018

Executive summary

HOUSING AND HEALTH – The effect of housing on the health of low-income renters in Richfield, Minnesota

Our genes and access to good health care contribute a surprisingly small amount to our overall health. Good health is mostly created through the social and economic conditions in which people live and work. These conditions greatly influence health and quality of life in a community.

Housing is a condition that greatly impacts people's lives and health. The links between health and housing inequities are undeniable, and the challenges faced by people struggling to afford housing in opportunity-rich communities like Richfield undermine the collective health and prosperity.

Bloomington Public Health (BPH) conducted a Health Equity Data Analysis (HEDA) for the City of Richfield exploring the connection of affordable housing and the health of Richfield residents. This process was used to understand the connections between housing and health, then see if there are differences in health outcomes in subgroups of the population living under different housing conditions. If there are differences, then it considers what factors are causing those differences. In this case, we explore the health differences and potential causes between low-income renters and homeowners.

Connections between housing and health are undeniable

Three connections between housing and health were especially prevalent in the HEDA

- Housing conditions such as dampness, infestations and dirty carpets are triggers for asthma and allergies.
- Unaffordable housing forces tradeoffs by renters choosing between paying rent and choosing to pay for healthy food or necessary medical expenses.
- Poor quality or insecure housing leads to high levels of stress that can cause or exacerbate chronic diseases and/or mental health issues.

Richfield is much more economically and racially diverse than in the past

While the total population of Richfield is 62 percent white and 38 percent people of color, the school district is 72 percent students of color and only 28 percent white. The racial diversity has increased greatly over the last 20 years. The racial makeup of Richfield is important in relation to housing because race is linked to income and income is very much tied to the ability to afford quality housing. The income diversity between renters and homeowners is stark. The median income in Richfield is over \$54,000. The median income for homeowners is over \$70,000 while the median income for renters is just over \$34,000.

Low-income people of color are much more likely to rent vs. own

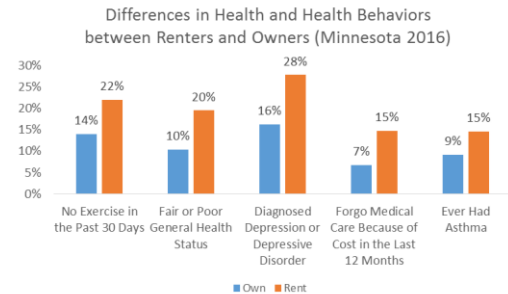
Richfield has almost 15,000 housing units of which 34 percent are apartments and condominiums. 65 percent were built between 1940 and 1979. This type of housing stock has traditionally been affordable, but that is changing as the housing market becomes tighter. In 2014 Richfield has the largest ownership gap between whites and people of color in Minnesota. 77 percent of whites own their home while only 29 percent of people of color are homeowners. Low-income renters are more cost burdened. Even at the same low-income level, more than twice as many renters as homeowners are cost-burdened.

Children of color are disproportionately affected by poverty and homelessness

The childhood poverty rate is much greater in children of color than white children and children of color are disproportionately affected by unstable, unaffordable housing and homelessness. In the 2015-16 school year 110 Richfield students were homeless and in 2016-17, that number increased to 121 students, in this total time period only 4 percent were white students.

Health difference exist between renters and owners

In a number of health behaviors and health conditions, renters have poorer outcomes than homeowners. Renters are more likely to exercise less, forgo medical care, and visit the dentist less often. Renters also report poorer general health, more diagnosed depression and asthma.



Listening to their voices

BPH conducted seven focus groups of low-income renters (45) from approximately 15 Class C properties. Two focus groups were also conducted with school counselors and liaisons (8) who work closely with families experiencing housing insecurity or homelessness. In addition, key informant interviews (13) were conducted with people who are connected to housing or low-income renters professionally. After transcripts were analyzed, six main themes emerged.

Theme 1 - Poor living conditions, housing insecurity and mobility, and rent burden negatively impact the health of adults, children, and the community

Housing conditions

Asthma is the most common chronic disease in American children and the leading cause of ER visits, hospitalization and school absenteeism. Focus group participants repeatedly mentioned asthma triggers in their homes such as mold, cockroaches, rodents, dirty carpet and second-hand smoke.

Food insecurity

The data is very strong that cost-burden renters have higher levels of food insecurity. Food insecurity is associated with an increased risk of obesity and chronic diseases. In children, food insecurity increases the risk of birth defects, anemia, developmental delays, cognitive problems, aggression and anxiety. Making choices between paying rent and other expenses was a prominent worry for focus group participants.

Delayed medical expenses

Again as a result of unaffordable rent and being cost burdened families are forced to make choices of how they will spend their scarce income. When the choice is eviction or late fees for non-payment of rent, and a trip to the doctor or dentist, focus group participants said they choose to pay their rent.

"FOR ME, I HAVE 4 CHILDREN. THEY ALL HAVE ASTHMA. ONE OF THEM HAS A LOT OF ALLERGIES. I'VE BEEN THERE FOR 7 YEARS. THEY NEVER WANT TO WASH THE CARPET. I HAVE ASKED THEM TO TAKE IT OFF. WE HAVE LOTS OF RODENTS, AND MY CHILDREN GET A LOT OF RASHES DUE TO THE CARPET. . I HAD A LOT OF MOLD BECAUSE I HAVE BIG WINDOWS AND ALL OF THE HUMIDITY GETS IN. THE AIR HAS A LOT OF DUST. EVERYTHING IS RUSTED. THE BATHTUB IS FALLING APART BUT I DON'T WANT TO REPORT IT BECAUSE THEY WILL CHARGE ME FOR EVERYTHING."

"WHEN YOU DON'T HAVE THE MONEY [FOR RENT], YOU ARE BUYING CRAP FOR FOOD, LIVING AS CHEAP AS YOU CAN, SO YOU DON'T FEEL WELL ABOUT YOURSELF OR REALITY."
RICHFIELD TENANTS

Increased stress

Over the years, BPH's community health assessment results have placed mental health in the top five community health concerns in Richfield. Stress was a reoccurring theme among focus group participants. A number of key informants independently offered this same observation: If families have housing stability it would take care of many of the mental health issues they see.

Theme 2 – Insecurity and mobility of low-income renters is often caused by factors out of their control

With a tightening housing market, some landlords choose to renovate old properties to attract new wealthier buyers and renters. Landlords can be more selective about tenant screening requirements which puts some residents in jeopardy of losing their home. Many focus group participants stated how much they loved Richfield and the schools. They worried about being evicted or priced out of their apartments.

IT AFFECTED MY FAMILY A LOT, THEY EVEN CRIED. THEY WERE RAISED THERE, THEY WERE BORN THERE, AND WE DID NOT KNOW WHERE WE WERE GOING TO MOVE TO. AND THEY DIDN'T WANT TO MOVE. MY KIDS USE TO TELL ME THIS IS OUR HOUSE, BUT I EXPLAINED WE WERE BEING EVICTED. AND THE FACT WE WERE NOT FAMILIAR WITH THE AREA, I TOLD THEM THEY WOULD MAKE NEW FRIENDS, BUT THEY WOULD CRY. RICHFIELD TENANT

Theme 3 - Despite budgeting, working multiple jobs or overtime and making other sacrifices, renters continue to be rent burdened and struggle to pay rent on time

With vacancy rates very low, rent prices are increasing faster than wages. Renters are more susceptible to fluctuations in housing costs because the rent can go up yearly where mortgages tend to be relatively stable. Sometimes paying the rent includes the difficult decision to stay with an abusive partner.

"IT'S THE BASIS BEFORE I CAN EVEN THINK OF ANYTHING ELSE, BUT IT TAKES MOST OF MY CHECK, WHICH COULD CAUSE STRESS. YOU KNOW, OF TRYING TO FIGURE OUT THINGS AND NOT EVEN KNOWING THE CORRECT PLACES TO GET THE HELP." RICHFIELD TENANT

Theme 4 – Renters are stuck living in poor and inadequate living conditions even after making reports to management and requesting repairs

Despite laws being in place to enforce proper maintenance of aging properties, many of these conditions go unreported. Underreporting of these issues might be due to tenants being unaware of their rights or fear of retribution such as eviction, rent increases and possible homelessness.

With a tight housing market and difficulty finding affordable apartments the fear of eviction and homelessness is very real for low-income renters. Even though it is not lawful to evict a tenant for reporting unsafe living conditions, many informal methods of eviction exist.

"THINGS HAVE GOTTEN WORSE. FOR EXAMPLE, MY TOILET BROKE DOWN AND THEY CHARGED ME ALMOST \$300. MY DOORKNOB STOPPED WORKING AND THEY CHARGED US \$200. THE REFRIGERATOR WOULD FREEZE ALL OF OUR VEGETABLES. IT HAS ALMOST BEEN A YEAR; THEY COME AND SUPPOSEDLY FIX IT, BUT THEY ACTUALLY DON'T. THEY DON'T GIVE A LOT OF MAINTENANCE IN THIS BUILDING. I WANT TO MOVE OUT, BUT IT'S BEEN DIFFICULT. IT'S VERY STRESSFUL AND I GET VERY UPSET!" RICHFIELD TENANT

Theme 5 – Child development and school success is negatively affected by housing insecurity and mobility.

Studies show that students who move frequently perform less well in school. Social ties are severed that are critical for cognitive and social development. Moving psychologically disrupts and disorients children resulting in increased anxiety and depression. Although parents try to protect their children from the stress, children pick up on the mood in the home.

"I HAVE A SITUATION WITH A 2ND GRADER WHO IS NEW TO US...SHE CAME IN OCTOBER OF THIS YEAR AND HAS HAD A HISTORY OF BEING HOMELESS AND IS CURRENTLY CONSIDERED HOMELESS...SHE IS JUST CHRONICALLY ABSENT AND SHE IS CHRONICALLY ILL AS WELL. I THINK ONE OF THE FACTORS OF BEING CHRONICALLY ILL, BECAUSE THERE IS NO DIAGNOSIS OR ASTHMA OR ANYTHING LIKE THAT, IS JUST THAT SHE PROBABLY DOESN'T HAVE ACCESS TO APPROPRIATE FOOD, HEALTHCARE, PREVENTATIVE CARE." RICHFIELD SCHOOL STAFF

Theme 6 – In addition to the issues and concerns other renters experience, Latino renters also face unique problems. Latino renters feel that they are taken advantage of by management due to language barriers and discrimination.

About half of the 45 participants in the focus groups were Latino. They expressed gratitude for being asked about their housing situations and were eager to share about their living conditions and what they perceived as unfair treatment. They felt dehumanized and afraid. They shared examples of being taken advantage of because of language difficulties and their desperate situation, especially if they or someone in their family was undocumented. Leases and paperwork were always in English and they needed to use their young children as interpreters and were never sure if the information exchanged was accurate or understood by their children or manager.

Recommendations

The mission of BPH is to promote, protect and improve the health of the community. Most chronic diseases that occur in Richfield residents are preventable. The cost of inadequate, unaffordable housing on the physical and mental health of residents in the short and long-term has long been overlooked in the decision-making process. BPH recommends a Health in All Policies Approach be taken by the City to help create opportunities to develop and promote housing policies that will have the most effect on reducing the conditions that influence poor health outcomes related to housing and affordability. This approach would include working collaboratively with housing advocates, community housing coalitions, public health, landlords and tenants. Health in All Policies can improve the housing situation, reduce chronic diseases and improve the overall mental and physical health of Richfield renters. BPH recommends that the following well-documented health issues among low-income renters be targets for Richfield housing policy:

Asthma

Target housing issues that trigger asthma. The issues documented in this report that trigger asthma include pest infestations, dirty carpets, moisture, mold/mildew, improper or non-working ventilation, and second-hand smoke. Policies that mitigate these issues can impact the rate and severity of asthma.

Obesity, Type 2 Diabetes, and other chronic diseases

Target housing issues that can exacerbate chronic diseases. The issues documented in this report that contribute to chronic diseases are connected to affordability that force tradeoffs between paying for housing costs and paying for health-related expenses that can contribute to improved health such as healthy food, health insurance and medical care. Conversely, unaffordable rents deter renters from being able to manage or prevent chronic disease, due to food insecurity, delayed access to health care and stress. Policies that promote creation of affordable housing and support rental assistance programs can impact chronic disease rates.

Stress and mental health

Target housing issues that cause excessive stress and poor mental health. The issues documented in this report that cause excessive stress and poor mental health include displacement, housing instability, housing insecurity, landlord intimidation, repair problems and infestations (especially bed bugs). Housing policies that emphasize long-term stability of residents especially in families with children or households with special needs; and ensure renters have a clear process to address repair, maintenance, sanitation or safety issues without fear of retribution will reduce stress on renters and support mental health management for renters living with a mental health condition.

Perceived general health

Target housing issues that prevent renters from feeling stable and safe; and having hope of moving from renter status to homeowner status. Self-perceived health is an indicator of disease and death in the population and is an important measure in determining health-related quality of life. When renters are stably and safely housed, they are able to shift their focus to health behaviors and investments that protect their health. Targeting housing policies that encourage long-term tenancy or increase pathways to successful homeownership will allow for residents to shift their health outlook from “survive” to “thrive.”

Tackling the affordable housing crisis in Richfield offers an opportunity to not only improve the lives of low-income renters by improving housing conditions and affordability, but it also promises to be an effective pathway to better health.

References:

U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table S1701.*; 2016.

Minnesota Department of Education. *Minnesota Report Card.*; 2017.

Minnesota Center for Health Statistics. *Minnesota Student Survey.* St. Paul, MN; 2016.

Centers for Disease Control and Prevention. *Minnesota Behavioral Risk Factor Surveillance System.*; 2016.

Bloomington Public Health, 2018.

This project was made possible through funding from the Statewide Health Improvement Partnership, Minnesota Department of Health, 2018

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"Every Richfield resident deserves to have the same opportunity to be healthy. The foundation of good health starts with a home that is safe, promotes wellbeing; and connects people to opportunities in the community for jobs, education, health care, parks, companionship and healthy food. Paying for that home should not consume so much income that working families must choose between buying healthy food or medicine and paying the rent." - Joan Bulfer, Bloomington Public Health

Housing as a Condition that Determines Health

Our genes and access to good health care contribute a surprisingly small amount to our overall health. Good health is mostly created through the social and economic conditions in which people are born, grow, live, work and age. These conditions—such as housing, education, racial inequity, income, transportation, access to healthy affordable food, and employment—greatly influence the health and quality of life in communities. We can influence these conditions with the choices that we make in our community related to policies, systems and environmental design that either promote or detract from good health.

Housing is fundamental for families to live healthy lives and thrive; and it is the single greatest expense for most. The links between health and housing inequities are undeniable, and the challenges faced by working families struggling to afford housing in opportunity-rich communities like Richfield undermine the collective health and prosperity of a community.

Richfield has long been an attractive place for middle income people to live due to its proximity to jobs, recreation, commercial outlets and major transportation corridors, as well as its well-maintained—and historically affordable—housing stock. However, Richfield has experienced rapid demographic change over the last three decades. Compared to the 1980s, Richfield is more economically and racially diverse.

The housing issue in Richfield came to the forefront in 2015 when a large multi-unit affordable housing complex was purchased by a developer and renovated to include luxury amenities¹ to attract higher income tenants. The transition displaced more than 1,000 residents by raising rents, and changing the rental application screening criteria. Ninety-six percent of the residents were displaced and had difficulty finding other affordable housing options in Richfield.¹ Many of the families were unable to stay in Richfield causing stress and disruption to students and causing the school district to deal with 142 displaced students,² resulting in a large impact to the budget.³ This example dramatically illustrates the human and economic costs of losing affordable housing. Displacement, homelessness, loss of stability for children and families, monetary impact on schools and staff who are laid-off, transportation and employment concerns for workers are obvious impacts. One major impact that is not often factored into the human and economic cost of unstable or unaffordable housing is its impact on health.

The purpose of this report is to demonstrate the connection of unstable, inadequate and unaffordable housing with poor health often experienced by low-income renters, and increased health care costs. The City of Bloomington, Division of Public Health examined the connection between housing and health by conducting a Health Equity Data Analysis (HEDA). A HEDA uses data analysis to first look at differences in health outcomes by population groups, and then considers not only individual factors, but also the high-level factors—such as the social, political and economic conditions in which people are born, grow, live, work and age—that create those differences. Richfield data is paired with national

¹ Some luxury amenities now included in Concierge apartments include granite countertops, stainless steel appliances, wood-style flooring, bike share system, renovated pool, and tennis, volleyball and basketball courts.

research-based conclusions of the impact of housing on health to demonstrate the local implications of the affordable housing crisis.

Definitions

In order to understand and consider housing's impact on health, it is important to have a shared understanding of the terms used in this report.

Affordable Housing

Housing is said to be affordable when a household pays no more than 30% of its gross income on rent, mortgage and other basic housing costs such as heat, electricity, water and sewer. Affordable housing at the community level is determined by the median household income of the area as compared to the median mortgage or rent price in the area. What is considered affordable in one community may be completely different in another community. *Affordable housing is not a measure of poverty.* A community can have a high median income and still have a lack of affordable housing.

Good Health

Good health is a state of complete physical, social, and mental well-being and not merely the absence of disease or infirmity.⁵

Health Equity

Healthy People 2020 defines *health equity* as the “attainment of the highest level of health for all people.”

Health Disparity

Health disparity is a population-based difference in a health outcome or health risk behavior. This is a mathematical comparison; it does not address any possible causes of such a difference in health.⁶

Health Inequity

Health inequities are the differences (disparities) in a health outcome between more and less advantaged groups that are caused by differences in the social and economic conditions that are not only unnecessary and avoidable but are considered unfair and unjust. Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups. There are persistent, significant differences in the conditions that create health and the opportunity to be healthy for certain populations in Minnesota.⁶

Housing Insecurity

The Department of Health and Human Services has defined housing insecurity as high housing costs in proportion to income, poor housing quality, unstable neighborhoods, overcrowding, or homelessness.

Health Disparity vs. Health Inequity

Consider the following examples:

Male babies are generally born at a heavier birth weight than female babies. This is a health disparity. We expect to see this difference in birth weight because it is rooted in genetics. Because this difference is unavoidable, it is considered a health disparity.

On the other hand, babies born to Black women are more likely to die in their first year of life than babies born to White women. Some of this difference can be attributed to poverty – a higher percentage of Black mothers are poor and face hardships associated with poverty that can affect their health; however, we find differences in the health of Black and White mothers and babies even if we compare Blacks and Whites with the same income. Many scientists have shown links between the stress from racism experienced by Black women and negative health outcomes. This is a health inequity because the difference between the populations is unfair, avoidable and rooted in social injustice.⁴

Healthy Housing

Healthy housing is a home where the physical, mental, and socioeconomic environment supports household members in making healthy choices, achieving educational and economic success, and engaging in robust social and cultural networks. It is housing in a neighborhood connected to good employment and business opportunities in the region. It is a home free from toxins and threats from the built environment such as unsafe streets, violence, poor air quality, industrial chemical exposures, allergens, mold, or pests. It does not impose cost burdens that divert household income away from healthy food, medical care, or educational opportunities. It is located in healthy and well-resourced neighborhoods.⁷

Naturally Occurring Affordable Housing (NOAH)

Naturally occurring affordable housing is unsubsidized housing that, due to its location, amenities, building age, design, etc., has a rent rate that is affordable to households at or below 60% of Area Median Income (AMI), which in 2018 is equal to \$56,580 for a family of four living in the Minneapolis-St. Paul-Bloomington, MN-WI HUD Metro FMR Area.⁸

Rent Burden

HUD defines rent burdened households as those “who pay more than 30% of their income for housing” and “may have difficulty affording necessities such as food, clothing, transportation, and medical care.” **Severe rent burden** is defined as paying more than 50% of income on housing.⁹

Safe Housing

Safe housing is housing that is free of environmental toxins and other environmental hazards that may lead to injury or illness. Common indicators of unsafe housing are the presence of mold; incomplete or broken plumbing and electric connections; peeling paint; and broken stairs or missing railings.

Methodology

The HEDA used several methods to understand the connection between housing and health. Four main steps were completed utilizing a review of the literature, quantitative and qualitative data:

1. Connection: Connect health outcomes to conditions that create health
2. Population: Identify a population likely to experience health inequities
3. Differences: Look for population-based differences in health outcomes
4. Conditions: Link social and economic conditions to differences in health

For the connections step, a comprehensive literature review was performed to examine multi-disciplinary studies from across the country related to health and housing. Key themes were deduced from this literature review that informed the course of data collection for the Population and Differences steps. The complete literature review is available in Appendix A.

For the population, differences and conditions steps, the HEDA utilized several qualitative and quantitative methods of data collection and analysis. The quantitative methods included analysis of the most recent population-level data available through the U.S. Census Bureau (American Community Survey, 2012-2016 5-year estimates) as well as health survey data from the Twin Cities Metropolitan Statistical Area (MMSA), Statewide (MN) Behavior Risk Factor Surveillance System (MN BRFSS 2016) and the Richfield Public School District cohort of the Minnesota Student Survey (2016). Additionally, Bloomington Public Health (BPH) performed analysis on raw data provided by HOME Line (a nonprofit Minnesota tenant advocacy organization), Richfield Public School District, Mid-Minnesota Legal Aid, and VEAP (the largest social service agency and food shelf that serves the Richfield community).

Public health staff conducted a total of nine focus groups to inform and highlight the quantitative data compiled for this report. Seven focus groups were held with low-income renters living in primarily Class C Multifamily properties (see Appendix B for multifamily property classifications), and two focus groups were held with Richfield Public School District staff. A full analysis of the focus group responses is included in Appendix C. Focus groups were conducted with low-income renters in three languages: English, Somali and Spanish. Focus groups were organized to gather input from a range of perspectives, including focus groups with Latinos; African Americans; Somalis; seniors and others living on a fixed income; and participants in Richfield's Kids @ Homeⁱⁱ program. Focus groups with Richfield Public School District staff were divided into two sessions: one with elementary support staff and another with middle and high school support staff. Focus group data was then analyzed using the analysis software NVivo 12. A full description of focus group methodology is available in Appendix E.

Additionally, public health staff conducted a total of thirteen key informant interviews with representatives from organizations, businesses and agencies that work directly with the housing insecure population of Richfield, including housing advocates, social service agency leadership, and a housing developer. A full list of key informants interviewed, methodology and results are included in Appendix F.

ⁱⁱ Kids @ Home is a 48-month rent assistance program for working families with children attending Richfield Public schools (K-12). Families must fit the criteria to enter the program and maintain these criteria to continue to receive rental assistance under the program. More information on the Kids @ Home program is available in Appendix D.

Connections between Housing and Health Outcomes

The connection between housing and poor health is well established in the literature. Community members that live in unsafe or unaffordable housing are exposed to many unfavorable conditions that directly or indirectly affect health.

Damp housing, poor ventilation, improper heating, dirty carpets, pests, and rodents increase the prevalence of indoor allergens associated with poor health such as mold and dust mites.¹⁰ Other airborne allergens from cockroaches and other pests are proven triggers for asthma. Indoor pollution from gas-burning stoves and ovens, as well as outdoor pollution from nearby highways may also elevate rates of asthma.^{11,12}

Asthma is the most common chronic disease among American children and is the leading cause of emergency department visits, pediatric hospitalizations, and school absenteeism.¹¹ Childhood asthma is commonly associated with low-income and minority populations and it is linked with conditions of a child's home. The incidence and prevalence of asthma is especially high in low-income communities, where housing conditions are substandard.¹¹

Unaffordable housing forces families and individuals to make tradeoffs between paying for housing and meeting other basic needs such as buying nutritious food or seeking medical care. When housing costs are high, people are much more likely to be food insecure.¹³ Unstable housing is associated with lower rates of regular medical care and access to medical treatments, and makes adherence to complex treatment regimens and attending follow-up appointments difficult.¹⁴

In addition to the physical health issues related to poor housing conditions, housing is also related to high levels of stress resulting in mental health issues. Some explanations for the possible link between issues with housing quality and mental health, include housing insecurity concerns, difficulties with repairs and landlords, frequent relocations, less controllable social interactions, and stigma associated with poor housing.^{15,16}

Conversely, health or health behaviors may impact a person's ability to obtain quality, affordable housing. A person living with a physical disability may only be able to live in certain housing that can accommodate their disability, which limits their housing options, especially if they are also low income. People with severe and/or persistent mental illness struggle to find and keep housing. A health incident may impact the ability of an otherwise reliable tenant to divert household funds from housing to medical bills, prompting a cycle of displacement and housing insecurity.

More detailed information on the connections between housing and health are available in a full-length Literature Review conducted for the HEDA, available in Appendix A of this report.

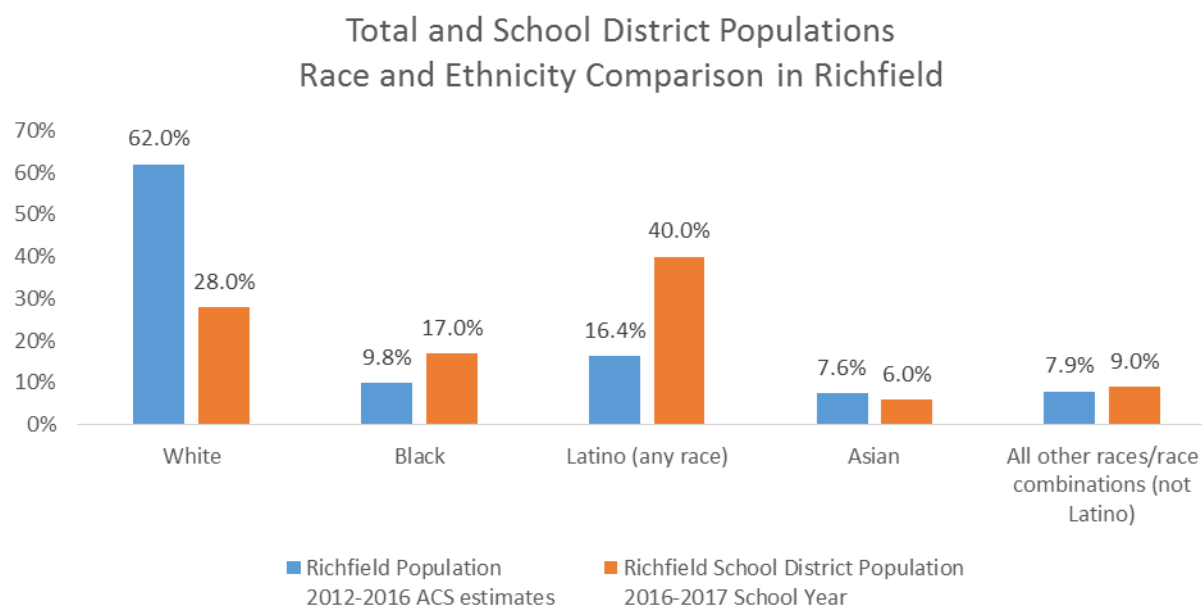
Demographic and Housing Conditions in Richfield

Demographics

Richfield is an economically and racially diverse first-ring suburb of Minneapolis, Minnesota. The City has experienced rapid demographic change over the last three decades. Compared to the 1980s, the City of Richfield is more racially and economically diverse. The east side of Richfield, which is included in the Richfield-Fort Snelling-South Minneapolis Area of Concentrated Poverty where 50% or more of residents are people of color,ⁱⁱⁱ “experienced a sharp decline in the number of its White residents, losing nearly half (48%) of its White population between 1990 and 2010. While 87% of the area residents were White in 1990, this share declined to 63% in 2000 and to 45% in 2010.”¹⁷ The adult population of the entire city of Richfield today is 62% White and 38% other races including multiple races.^{iv} Richfield has the highest concentration of Latinos (16%) of any surrounding community including Minneapolis (10%). Eighteen percent of Richfield’s adult population is foreign born. Of those born outside the U.S. 54% are from Latin American countries and 27% are from Asian countries (includes South Central Asia and the Middle East).

The population of the school district indicates continued change to the future demographics of Richfield: in the 2016-2017 school year, 28% of Richfield students were White and 72% were students of color and American Indian.¹⁸

Figure 1



Source: U.S. Census Bureau. 2012-2016 American Community Survey 5-Year Estimates, Table S2502. & Minnesota Department of Education, 2016-2017

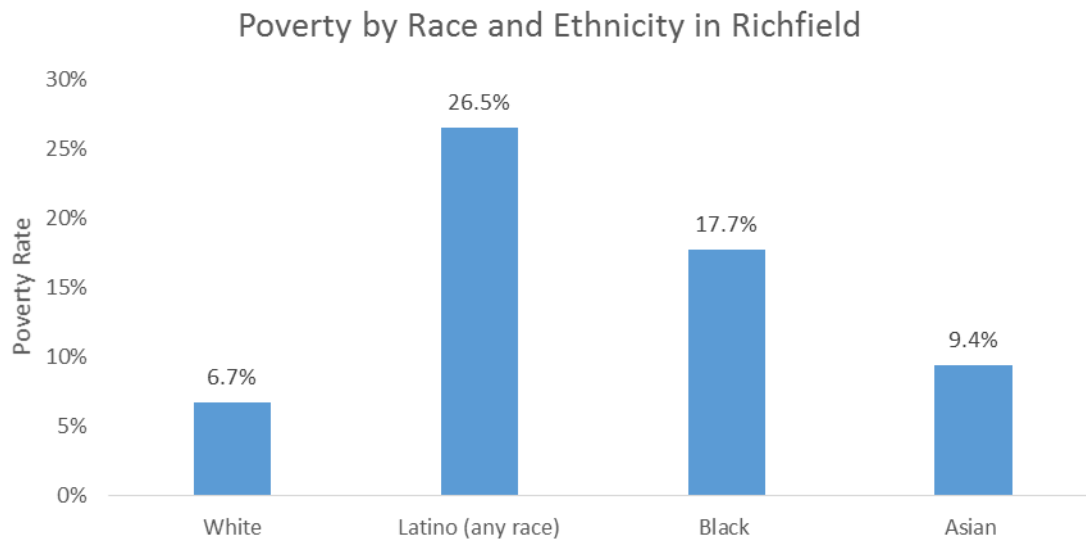
The racial makeup of the City is important in relation to housing because race is linked to income. Whereas 7% of White Richfield residents live at or below poverty, 26.5% of Latino residents and 17.7% of Black residents live in poverty.¹⁹ On the other end of the income spectrum, 24% of all White

ⁱⁱⁱ Richfield-Fort Snelling-South Minneapolis Area of Concentrated Poverty where 50% or more of residents are people of color is defined by the Metropolitan Council.

^{iv} The totals do not add to 100% because of rounding and margin of error estimates.

households in Richfield make over \$100,000 per year, while only 8% of Latino and 13% of Black households make the same.²⁰

Figure 2

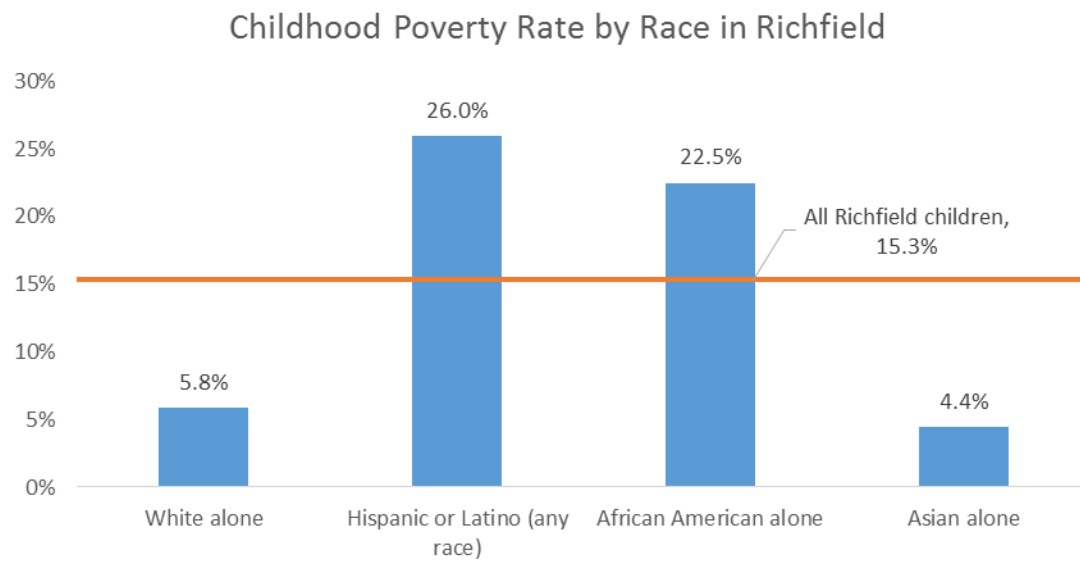


Source: Table S1701 Poverty Status in the Past 12 Months, 2012-2016 American Community Survey 5-Year Estimates

The percent of children living in poverty^v in Richfield is 15.3%, which is slightly lower than the county rate (16%), but higher than surrounding suburbs of Bloomington (11.9%) and Edina (4.3%).²¹ The childhood poverty rate varies greatly by race and ethnicity. Black and Latino children in Richfield are nearly five times as likely to live in poverty as White or Asian children. Latino children have the highest poverty rate at 26%.²¹

^v Children who live in households whose combined household income is less than 100% of the federal poverty guideline for a household of its size.

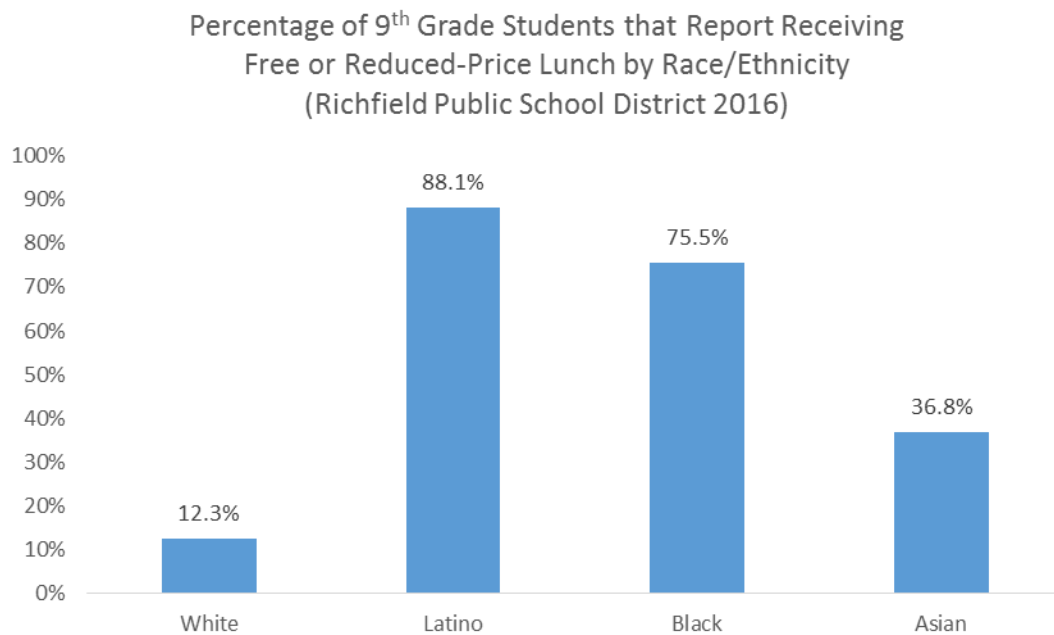
Figure 3



Source: U.S. Census Bureau. 2012-2016 American Community Survey 5-Year Estimates, Table B17020.

According to the MN Department of Education, 62.3% of all Richfield High School students received Free or Reduced Priced Lunch (FRPL) in the 2016-17 school year. Among 9th grade students, Latino students are most likely to report receiving FRPL (88.1%), followed by African American students at 75.5%. White students are least likely to report receiving FRPL (12.3%).²²

Figure 4



Source: Minnesota Center for Health Statistics. Minnesota Student Survey. St. Paul, MN; 2016.

Housing

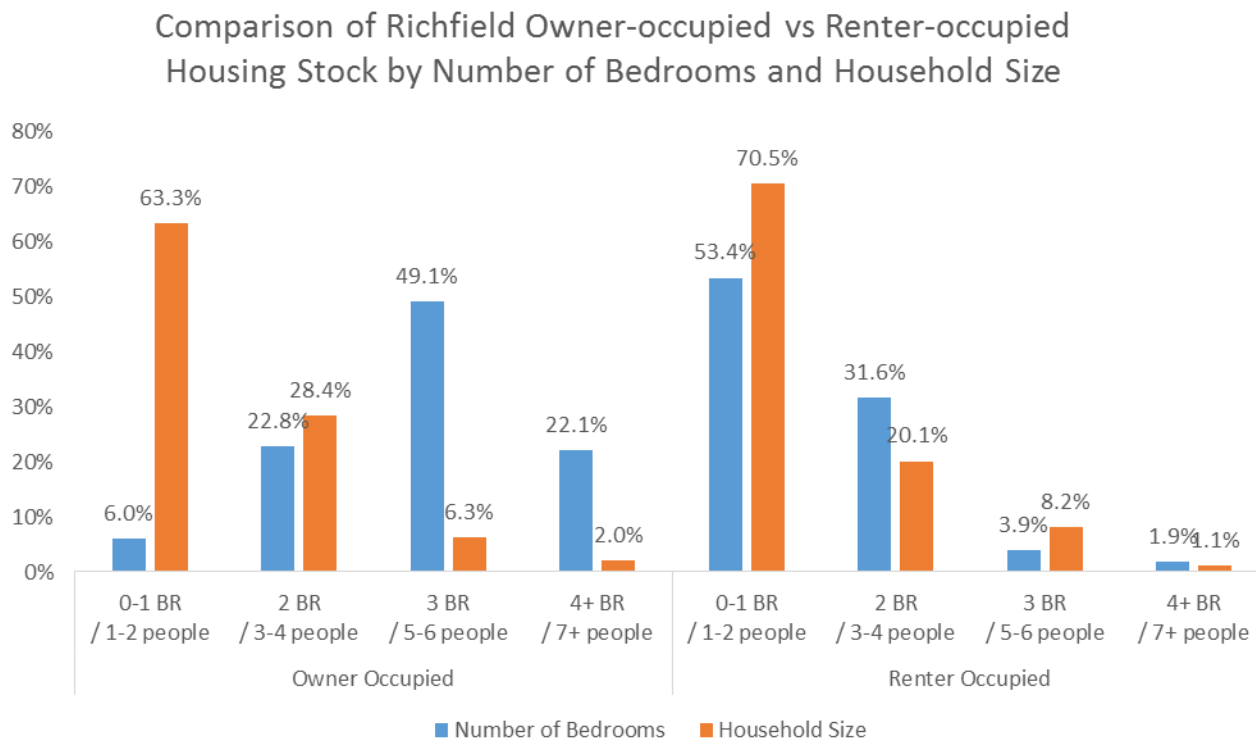
There are 14,888 housing units in Richfield. The majority of units in Richfield are single-family homes (61% of total housing stock), followed by larger apartment and condominium complexes (34%). There are relatively few townhomes, duplexes, triplexes and quadplexes (7% combined).²³

The rental housing stock is aging. The majority (65.4%) of the rental housing stock was built between 1940 and 1979, meaning that a large proportion of the housing stock is nearing or over 40 years old.²⁴ According to a 2012 Rental Housing Inventory and Needs Assessment performed for the City of Richfield, “No other peer community has such a large proportion of its rental housing built in [the 1960s], much less a decade that occurred more than 40 years ago.”²⁵ Less than 1% of the existing rental housing stock in Richfield has been built since 2010 and only 7% of the housing stock has been built since the year 2000.²⁴

Multifamily housing is classified in four categories according to the age and condition of the building as well as available amenities, with Class A multifamily being the newest and best-maintained properties offering the widest range of amenities and Class D being the oldest and worst-maintained properties with few to no additional amenities.²⁶ A full description of the multifamily classification system is included in Appendix B of this report. As of the 2012 Richfield Housing Inventory, there was only one Class A rental property in Richfield and “modern amenities and features such as Fitness center, walk-in closets, and in-unit washer/dryers are found in only a small number of properties.”²⁵

Of the existing renter-occupied units in Richfield, 50.3% are 1-bedroom and 41.9% are two- or three-bedroom. Less than 5% have four or more bedrooms.^{vi} In comparison, the majority (71.9%) of owner-occupied housing has two or three bedrooms and 22.1% of owner-occupied housing has more than four bedrooms.

Figure 5



Sources: U.S. Census Bureau. 2012-2016 American Community Survey 5-Year Estimates, Table B25042. & U.S. Census Bureau. 2012-2016 American Community Survey 5-Year Estimates, Table B25009.

The owner-occupied housing stock can more easily accommodate larger families or households than the renter-occupied housing stock. There are limited options for larger renter households of three or more people, compared to the surplus of housing options for larger owner households. Out of all children (under age 18) in Richfield, 38.2% live in renter-occupied housing units.²¹

According to the 2012 Rental Housing Inventory and Needs Assessment Richfield is “sorely lacking in two- and three-bedroom rental units” that would be appropriate for larger households and families. Furthermore, the report notes that almost all (97%) of the subsidized units in Richfield have just one bedroom.²⁵

The average household size of an owner-occupied household is 2.5 people and the average household size of a renter-occupied household is 2.2 people.²⁷ Renter-occupied households are more than three times more likely to have more than one occupant per room²⁸(8.4%) compared to owner-occupied

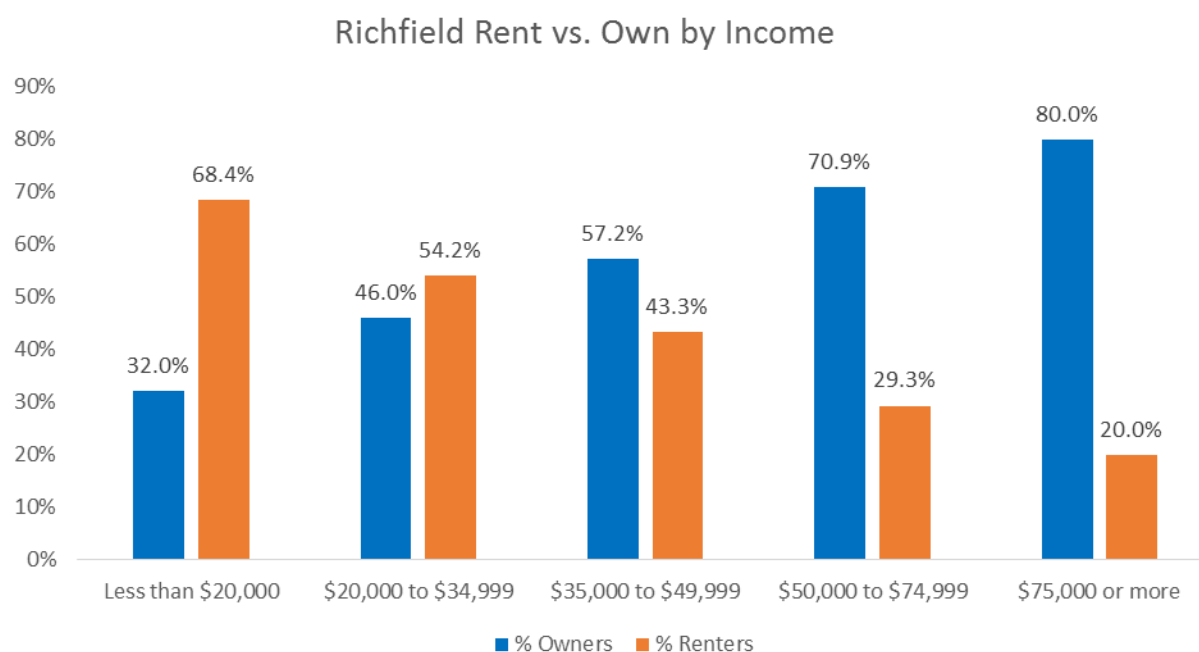
^{vi} Richfield has no multi-family properties that contain units with more than three bedrooms, meaning that these rental properties are likely single-family homes.

households (2.6%).²⁹ Twenty-nine percent of owner households have children and 25% of renter households have children.²⁹

The median selected monthly owner costs for those with a mortgage is \$1,279 and the median gross rent is \$898, while the average number of bedrooms for an owner-occupied home is 2.9 bedrooms and the average number of bedrooms for a renter-occupied home is 1.6 bedrooms.^{30,31} Using these calculations, owner costs per bedroom are \$440 while renter costs per bedroom are \$546.

There is a strong connection between income and the ability to afford housing. The median income in Richfield is \$54,642, compared to \$67,473 in Bloomington and \$52,611 in Minneapolis. The median household income of owner-occupied households in Richfield is \$70,486. The median household income of renter-occupied households is \$34,471.³⁰ The median value of owner-occupied housing units in Richfield is \$188,100.³⁰ However as of March 2018, the median sales price for Richfield homes was \$244,000 indicating that the cost of homeownership is quickly increasing.³² Not surprisingly, lower income residents are more likely to rent their homes, while higher income residents are more likely to own their homes.

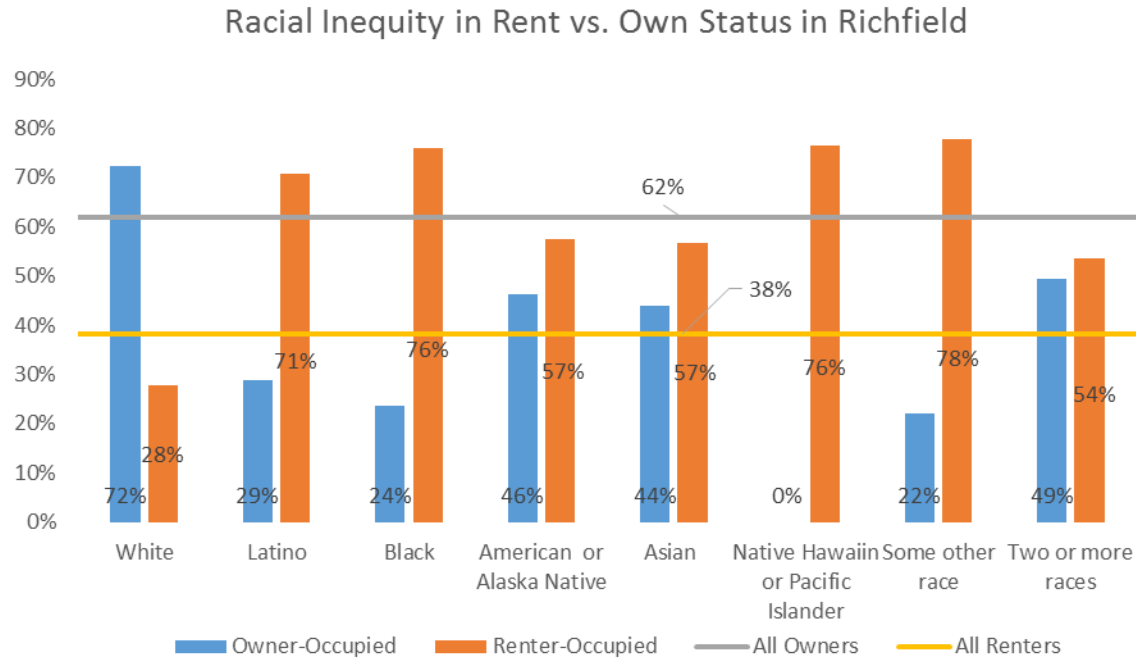
Figure 6



Source: U.S. Census Bureau. 2012-2016 American Community Survey 5-Year Estimates, Table S2503.

Richfield had the largest home ownership gap in Minnesota in 2014 with 77% of White residents compared to 29% of residents of color and American Indians owning homes.³³ The most recent data show that 72% of Whites (non-Latino) own their own home in Richfield. The inverse is true for the Latino and Black populations of Richfield: 71% of Latino and 76% of Blacks are renters.³⁴ Homeownership is extremely unequal by race: the smallest gap between Whites and any other racial group is 28 percentage points—a difference between 72% for Whites and 44% for Asians—and the largest gap is 48 percentage points—a difference between 72% for Whites and 24% for Blacks.³⁴

Figure 7



Source: U.S. Census Bureau. 2012-2016 American Community Survey 5-Year Estimates, Table B25003.

The tightening of the housing market in the Twin Cities metropolitan area has resulted in Richfield becoming a target for housing redevelopment. With the sale and near-sale of several naturally occurring affordable housing (NOAH) properties in Richfield since 2015, the very real issue of "upscaling" of existing NOAH properties illustrates the threat to low-income Richfield renters, especially renters of color.

The development pressure is strong on the existing affordable housing stock. This trend is not unique to renter-occupied units. Richfield was named the "hottest housing market" in the Twin Cities in 2016 and 2017 by an index developed by the local news media outlet StarTribune, which tracks prices, time on the market, seller discounts and the number of foreclosures and short sales for houses sold through the Minneapolis Area Association of Realtors. In just one year, from 2016 to 2017, the average per-square-foot sale price of Richfield homes increased by more than 10 percent.³⁵

Cost Burden

With rents and new home mortgages at an all-time high for the area, households are struggling to keep up with rapidly rising housing costs. An occupant is said to be cost-burdened when 30% or more of their income goes to their rent or mortgage. The cost burden caused by unaffordable housing can have serious health consequences as households make tradeoffs between housing and other basic needs such as food and medical care. At one of the focus groups conducted by BPH for this report, a participant said,

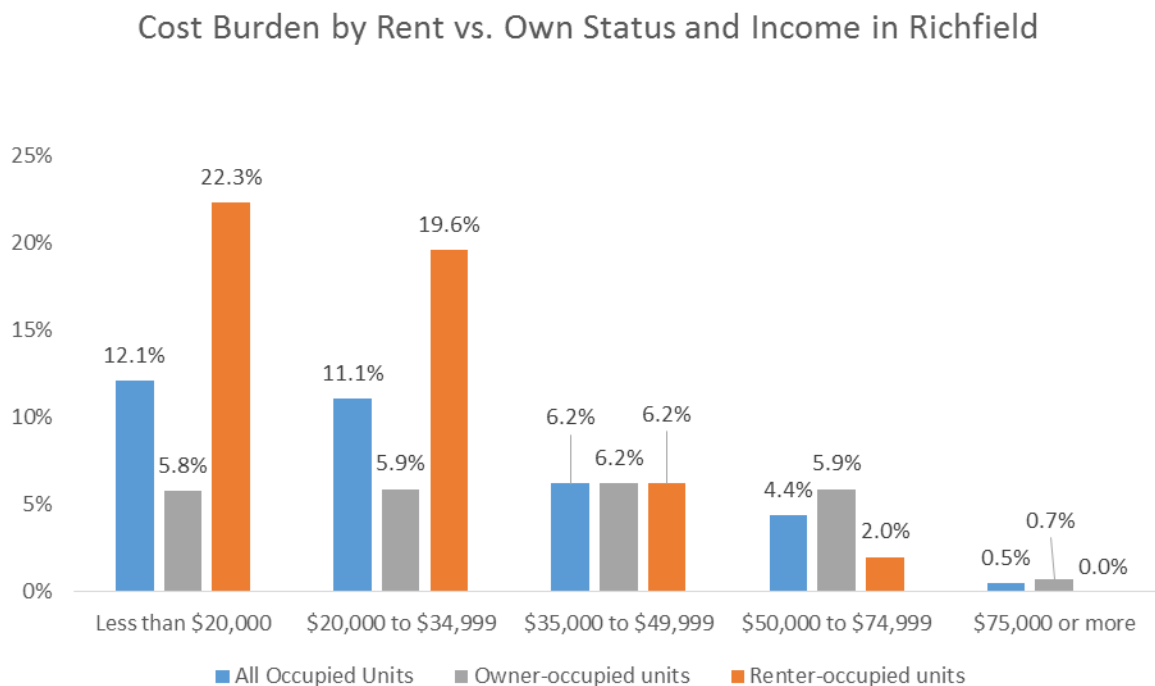
"The priority is rent. They won't forgive us a late payment."

Another respondent said,

“Well, in my case we will not eat but the rent we have to pay.”

Cost burden is much more likely to impact low-income households than high-income households and more likely to impact renters at lower incomes than renters at higher incomes. Overall, 50.1% of renter households are cost burdened in Richfield, compared to 24.5% of owner households.³⁰

Figure 8



Source: U.S. Census Bureau. 2012-2016 American Community Survey 5-Year Estimates, Table S2503.

The majority of focus group participants that were living in unsubsidized housing (NOAH) were paying far more than thirty percent of their income towards rent. Even 50% of income going to rent seemed unattainable to one focus group participant who said,

“You need to be employed and earning double than what the rent is! My rent was \$800 and they wanted me to make over \$2000 per month, which sounded impossible.”

Higher-income households have a broader range of affordable housing options, and nationwide almost half of affordable homes or rental homes are occupied by households of higher income, greatly limiting the range of housing available to low-income households.³⁶ This trend leads to gentrification, a “form of neighborhood change that occurs when higher-income groups move into low-income areas, potentially altering the cultural and financial landscape of the original neighborhood.” Gentrification displaces long-term low-income residents, may re-segregate neighborhoods, and heighten barriers to entry for new low-income residents looking to move to places of opportunity.³⁷

A participant from the subsidized housing focus group had this to say in response to another focus group participant who had expressed gratitude around renovations and appliance upgrades that were about to take place in the building:

“You’re probably going to be glad that you got that place, though. Before they sell us out! Yeah, ‘we fixed everything and now everybody has to leave! We’re raising the rent!’ [laughs] But, yeah, they have kept the rent down [at the subsidized apartment building where I live]—by the law. They’re not like some places where they will raise your rent every 6 months until you finally can’t afford it and you have to leave. And a person wants to be able to be stable. To have a stable environment where you can stay and not be in fear of, ‘am I going to have to leave next month?’”

The ultimate goal for most focus group participants—especially those living in unsubsidized rental housing and those with children—was to own their own home. However there are many barriers to low-income people owning a home—most importantly the ability to build credit and save money for a down payment while paying rent.

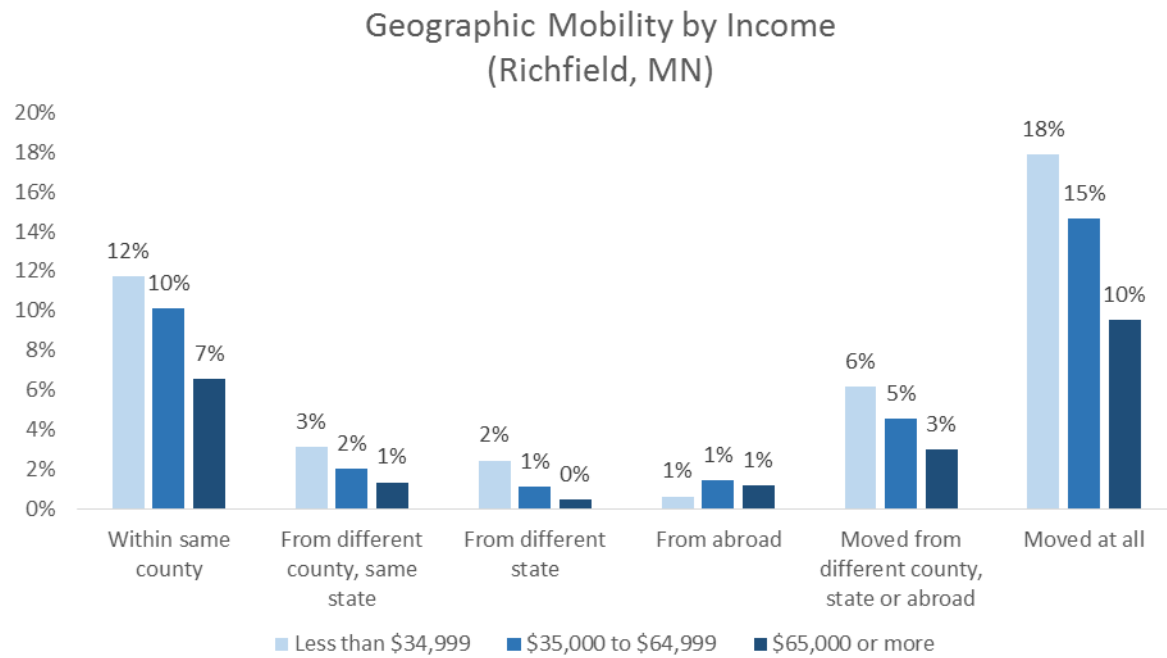
[Mobility, Relocation and Homelessness](#)

The tightening of the housing market for both renters and owners has disproportionate consequences on less-advantaged groups and leads directly to their displacement. Being low-income is associated with being highly mobile—or moving frequently. While upper- and middle-income families are more likely to move homes for positive reasons such as better employment opportunities or better neighborhood conditions, low-income families often are forced to move for reasons such as eviction or unaffordable housing.³⁸ One focus group participant said,

“All I wanted was for my son and I to have a stable environment. Where you didn’t have to pack up and move every 5 minutes.”

Richfield data shows that lower income people are most likely to have moved within the county than from another county, state or country.

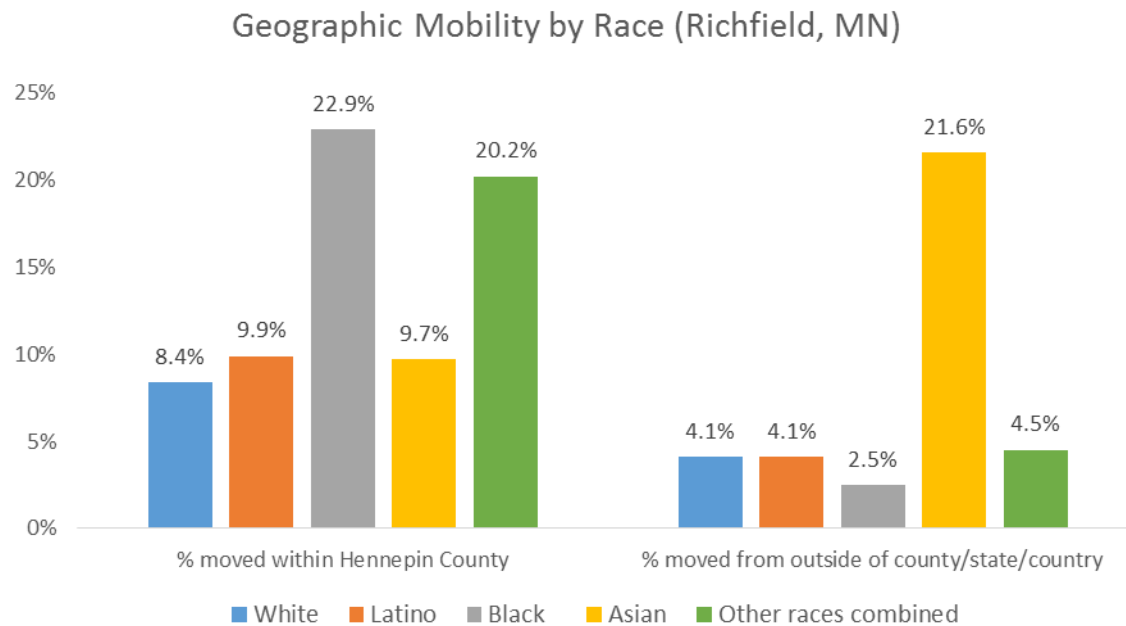
Figure 9



Source: U.S. Census Bureau. 2012-2016 American Community Survey 5-Year Estimates, Table S0701.

People of color and American Indians are also disproportionately impacted by this displacement. Over 22% of African Americans in Richfield moved to the city from within the county in the past year compared to 8.4% of Whites. Asian residents in Richfield were the most likely to have moved from outside of the county, state or country in the past year.³⁹

Figure 10



Source: U.S. Census Bureau. 2012-2016 American Community Survey 5-Year Estimates, Table S0701.

In Richfield, the homeowner vacancy rate is 1.1 and the rental vacancy rate is 2.2.⁴⁰ These very low vacancy rates indicate a low supply of available housing and high demand for housing in the area. Low vacancy rates signal a competitive housing market, which drives up the price of housing. Renters are more susceptible to fluctuations in the housing market since rents can change from year to year to reflect market dynamics whereas mortgages generally do not. Focus group participants in unsubsidized housing reported landlords raising rents on a yearly basis by anywhere from \$50 to \$150 per month without additional repairs or improvements being made to the space.

As the housing market tightens a number of things can occur: rent continuously increases while wages remain stagnant; homeownership is not a viable option for many because the home buying process is burdensome and excludes many; demand for housing considered affordable for low- and middle-income families far outpaces supply of affordable housing; and the housing stock is aging. These conditions prompt tough decisions for landlords between maintaining subpar housing for lower profit or renovating old properties to attract new, wealthier buyers and renters. The housing that remains for low-income households is often substandard:

“Our apartment is nothing like it should be. In here they don’t fix anything. Outside looks like a dumpster. The carpet is very black. I cannot invite anyone because I would get ashamed of how dirty it is. It’s sad because it so much sacrifices to pay rent and this is what you get. When you see that, you get very discouraged.”

As the price of housing increases, landlords can be more selective about tenant screening requirements, such as not accepting Section 8 housing vouchers; enforcing minimum credit scores requirements; or requiring a higher rent-to-income ratio. When tenants are housing insecure in a competitive housing market, they are more likely to accept unfavorable contract terms such as shorter-term (ie. less stable)

leases or accepting charges for repairs. Tenants also have less power to negotiate favorable conditions or report unfavorable conditions. One focus group participant shared her experience:

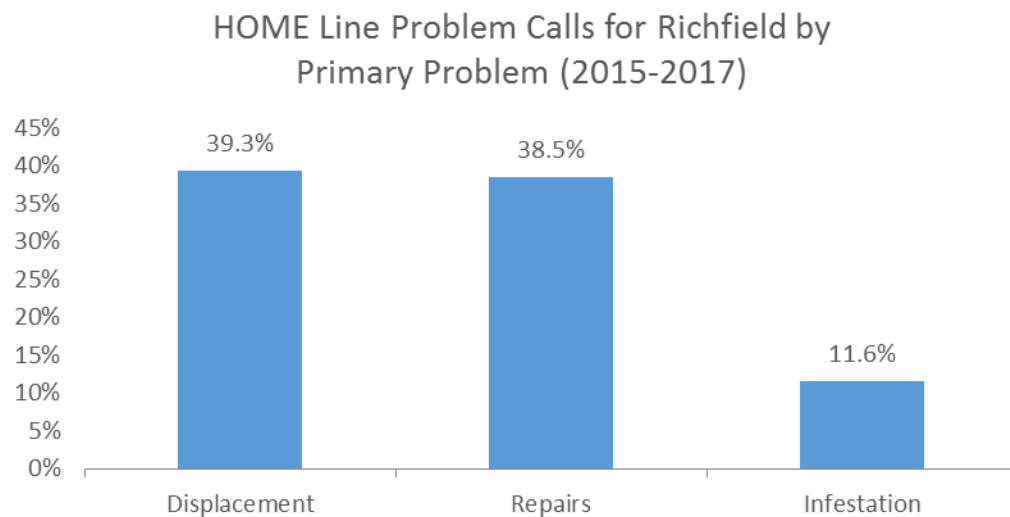
“We moved out of the apartment complex . . . due to a lot of rodents, and they would charge us if anything needed to be repaired in the apartment. We moved where we are because we have four children, and in any other places they wouldn’t take us except where I am staying at right now. The rent was not very expensive, but we now want to move out, but it’s hard. Things have gotten worse. For example, my toilet broke down and they charged me almost \$300 dollars, my door knob stopped working and they charged us \$200 dollars, the refrigerator would freeze all of our vegetables, it’s been almost a year, they come and supposedly fix it but they don’t. They don’t give a lot of maintenance in this building. I want to move out, but it’s been difficult. It’s very stressful and I get very upset.”

Existing tenants in a tight housing market are more vulnerable to displacement either through formal or informal eviction. Data from HOME Line^{vii} demonstrates that displacement^{viii} is the number one housing issue for Richfield renters, followed closely by repair issues.

^{vii} HOME Line is a tenant advocacy non-profit organization that serves the state of Minnesota. Among other services, the organization runs a confidential tenant hotline to provide initial consultation and referral services to free and low-cost legal advice for tenants facing housing issues. For this report, Bloomington Public Health analyzed HOME Line call data for the City of Richfield from 2015-2017.

^{viii} Displacement combines the problem call categories of notice to vacate (n=42), eviction (n=18), and non-renewal of lease (n=54)

Figure 11



Source: HOME Line Problem Calls by Primary Problem reported, Richfield, 2015-2017 (Note: Displacement combines the problem call categories of notice to vacate, eviction and on-renewal of lease. Infestation combines the problem call categories of infestation and bed bugs.)

Often, repairs, infestation and displacement are intricately connected. From 2016-2017,^{ix} Mid-Minnesota Legal Aid^x (MMLA) opened 123 cases based on reports from Richfield residents regarding housing problems. Sixteen clients specifically identified repair problems as their legal issue. An MMLA staffer noted that,

“Our experience is that repair problems are prevalent in other types of cases, such as evictions, but tenants may not be in a position to enforce their right to repairs in an eviction if they are not able to post the rent with the court to get a trial.”

Thirty-one cases involved evictions in private, market rate housing. Seventeen clients requested assistance with lease terminations. Five cases were opened to address eviction or termination of tenancy for Section 8 participants. MMLA also provided assistance on issues such as expungement and housing discrimination.

The largest percentage of requests for assistance (80%) to MMLA were from people of color. Forty-four of the clients identified as African American/Black; twenty-four clients identified as White; twenty-one clients identified as Hispanic/Latino or Hispanic White. The rest of the clients were of another race or combination of races. This data is reflected in the stories from focus group participants related to repairs and evictions.

^{ix} Data was obtained on December 14, 2017 and therefore may not include housing cases opened between December 15 and December 31, 2017.

^x Mid-Minnesota Legal Aid (MMLA) serves Minnesotans in 20 counties of central Minnesota, including Hennepin. The non-profit organization offers free civil legal assistance to low-income people in many areas of law related to housing including evictions and landlord abuse, foreclosure rights, public and Section 8 housing, and housing discrimination.

When discussing reasons for why they had to move or were evicted from previous rental units, many focus group participants shared stories about addressing the poor conditions of their rental unit with their landlord. Oftentimes, these conditions were exacerbated by management's poor maintenance of the building, such as not cleaning carpets or not repairing windows. Some participants expressed that management would get mad if they reported too many things, and would threaten to evict them. Numerous stories were shared by focus group participants that were either evicted or threatened to be evicted when attempting to address housing issues,

"I had water damage in my apartment due to the snow melting. I told the manager to wash my carpet or change apartments. He did not want to. I looked for help through the school, I went to Century Plaza and I wasn't sure where the help came from, but they showed up and my manager was very upset because I made a scene, he told me next time a similar situation takes place he would evict me."

One participant who was evicted due to bed bugs said:

"I had been living there for 14 years already; I asked them to move me to another apartment but they declined, stating I would infect other apartments."

Another focus group participant shared the story of a friend who lived in the same building as her:

"...The woman had just had a baby... and they kicked them out, they had to take them out with everything and their things and their babies and all because they complained three times that there were too many mice. The baby could not sleep in the room because the mice would be there, and they were afraid that they would bite her and so they complained so that they would fumigate... kill the mice but they ignored them and because the man complained three times they left them out in the streets."

Yet another focus group participant shared what happened when a water pipe burst due to the negligence of another tenant who was moving out and left the door open while moving furniture, causing the pipes to freeze:

"They say that it exploded and they made us all responsible [for the damage], they made us all pay, the whole building. We went there to look, my husband went to ask and everything and they sent him papers and everything. At the end they took it from our rent anyways, and they said 'you still owe your rent,' and they charged us that too."

Children and Housing Insecurity

Frequent moves can be especially disruptive to the life of a child. One of the main reasons for this is due to the severing of social ties that are critical for the cognitive and social development of a young person.⁴¹

Previous research has shown that students who have strong social connections within and between families tend to have better school performance.⁴¹ Moving psychologically disrupts and disorients children and teenagers due to the loss of close friends and anxiety caused by uncertainty of fitting into new peer groups.⁴² Residential mobility makes developing ties to a social network more challenging and may cause mental health effects such as anxiety and depression in children. Children have a more

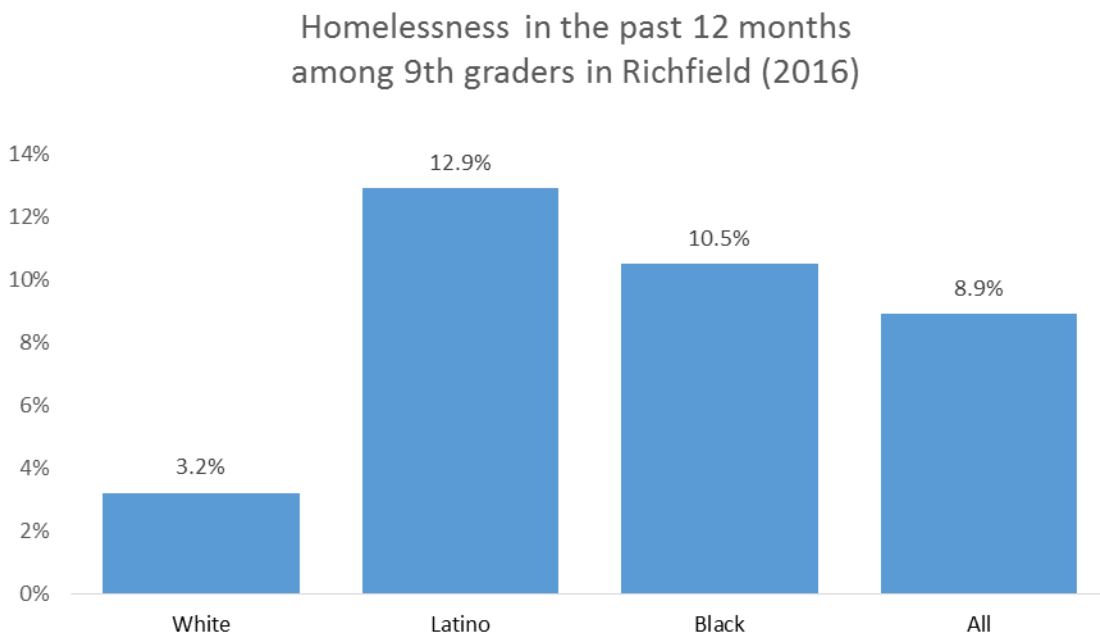
difficult time readjusting to new situations and struggle to adapt to new schools and social settings. As one school staff person put it,

Mobility affects graduation rates, obviously. I mean, many times I think that if many of our kids are at school more or less every day, more or less stressed, more or less awake, and more or less safe, 'Hallelujah!'...[T]he schools are putting so much effort in covering all of these basic things that maybe we have to worry so many times more about the wellbeing of that student more than that "A"... Many studies show that good socialization turns into better jobs in the future...How are you going to have social skills [if] you're locked in your apartment because mom is afraid of you going outside [while she] works two jobs to provide?

The most severe form of housing instability is homelessness. Students of color and American Indian students are homeless in far greater numbers than White students. According to Richfield School District Staff, 110 students in the Richfield School District were homeless in the 2015-2016 school year and 121 students during the 2016-2017 school year. Ninety-six percent of the homeless were students of color and American Indian students. During 2015-2017, 48% of the homeless students were Latino, 42% were Black, 4% were American Indian and 4% were White.

According to the Minnesota Student Survey (2016), nearly 9% of all 9th graders in Richfield reported being homeless sometime in the past 12 months, with differences in homelessness rates by race and ethnicity: 13% of all Latino and 10.5% of all Black 9th graders reported being homeless compared to 3.2% of all White 9th graders.²²

Figure 12

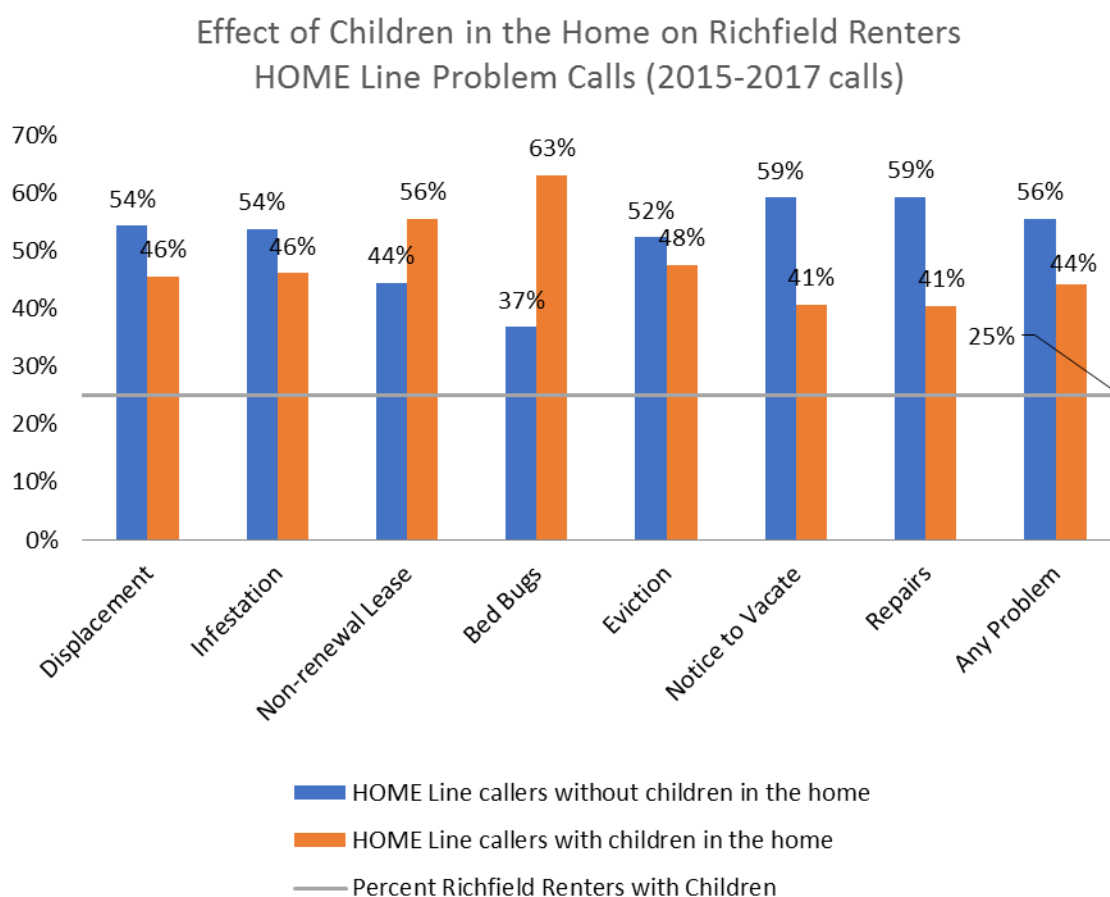


Source: Minnesota Center for Health Statistics. Minnesota Student Survey. St. Paul, MN; 2016.

Despite what is known about the impacts of insecure housing on children, renter households with children in Richfield appear to be disproportionately impacted by housing issues compared to rental

households without children. Given that 25% of renter households have children, we would expect that problem calls to HOME Line would more closely match a split of 25% households with children in the home to 75% households without children in the home.²⁹ However, Figure 13 clearly demonstrates that households with children in the home report problems at a higher rate to HOME Line than households without children in the home, suggesting that the presence of children in the home may increase the likelihood of rental-related issues.^{xi} Research from other areas of the country also suggest this trend: a tenant in eviction court in Milwaukee is almost three times as likely to receive an eviction judgment if there are children in the home, even when controlling for how much is owed to the landlord, household income, and several other key factors.⁴³

Figure 13



Source: HOME Line 2015-2017 & U.S. Census Bureau. 2012-2016 American Community Survey 5-Year Estimates, Table S2501.

Programs aimed at helping families to maintain stable housing can make a big difference in the lives of children experiencing housing insecurity. One Richfield School staff shared the experience of a family she had worked with that participated in Richfield's Kids @ Home program:

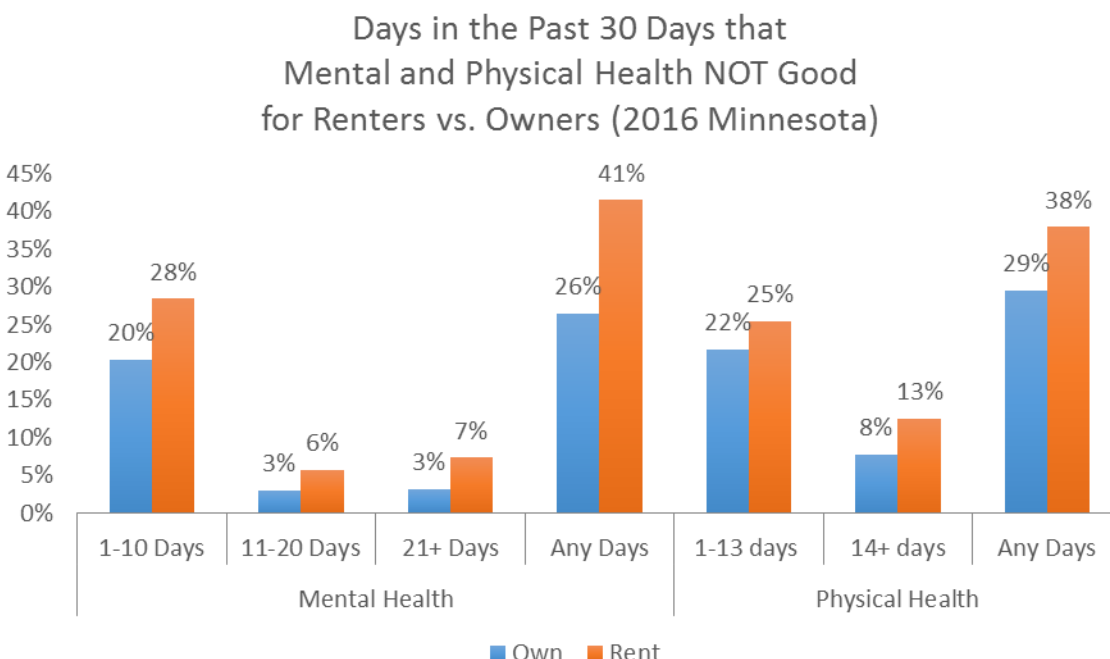
^{xi} This analysis did not allow us to provide evidence of causation or explain why this may be true, meaning that we do not know whether households with children in the home are more likely to call HOME Line because they experience more problems, or because they are more likely to report problems.

I can say that on the positive end, I have seen that program, Kids @ Home, be transformational for families. I'm thinking of a family at [Elementary] who had 5 grandchildren all from the same family and worked as a bus driver and just struggled to find affordable housing that would take that many children because there are rules about how many people can live in a one-bedroom apartment and there was no way that she could afford an apartment and not lie on the lease. She was a full-time employee for [employer] as a bus driver and made a decent living, but in order to... it just wasn't enough to pay for a 3-bedroom apartment or more. That program was a major relief for them for several years. They could get some traction under their feet. The kids were stable. They had bounced around from district to district. They stayed with us—well, for the last four years that I was there.

Differences in Health Data between Renters and Owners

Self-perceived health is an indicator of disease and death in the population and is an important measure in determining health-related quality of life. Statewide Behavioral Risk Factor Surveillance System (BRFSS) data demonstrate that renters perceive their health status lower overall than owners: 41% of renters report at least one “not good mental health day” in the past 30 days compared to 26% of owners, and 38% of renters report at least one “not good physical health day” in the past 30 days compared to 29% of owners.⁴⁴

Figure 14



Source: Minnesota Behavioral Risk Factor Surveillance System, 2016

Childhood asthma is commonly associated with low-income and minority populations and it is linked with conditions of a child’s home.⁸ Nationally, the incidence and prevalence of asthma is higher in low-income communities, where housing conditions are substandard. Renters with children are more likely to have asthma triggers in their homes than owners and are more likely to have at least one child with asthma.⁴⁵ Data at the statewide level^{xii} confirms that asthma is more prevalent among renters than owners: 9% of those that own their home report ever having asthma compared to 15% of those that rent⁴⁴ (see Figure 17). Local data for asthma among renters versus owners is not available, however, many focus group participants mentioned asthma among their top health concerns when asked how their housing impacts their health or the health of their children.

A stable home is important for individuals with chronic illnesses including mental illness, disabilities, and the elderly. These individuals require a stable environment to maintain their treatment regimes. Homelessness and unstable housing are associated with lower rates of regular medical care and access to medical treatments, and make adherence to complex treatment regimens and attending follow-up

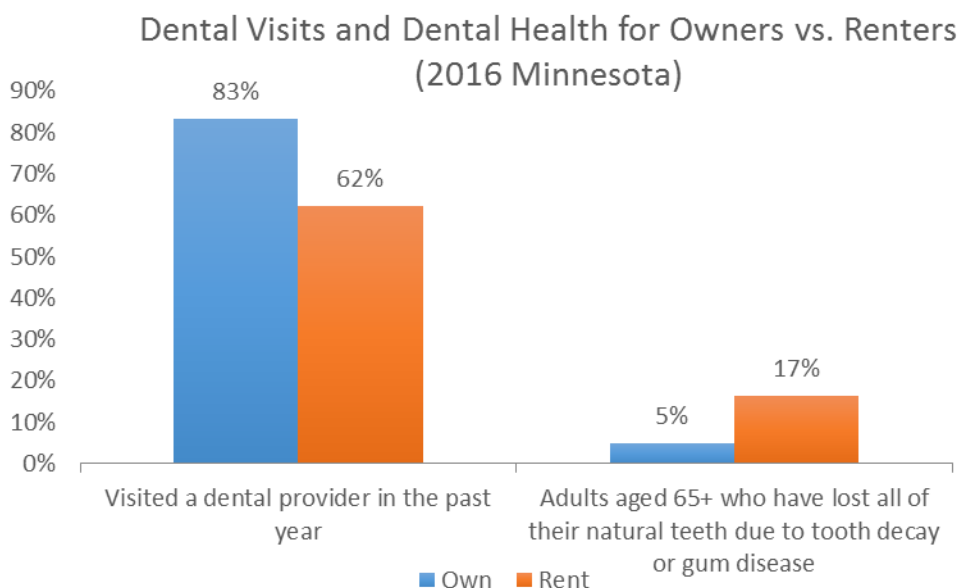
^{xii} BRFSS surveys the adult population of Minnesota, ages 18+

appointments difficult.¹⁴ Supportive and stable housing increases the quality of care and life for ill populations and can lead to improved health outcomes and less intensive use of costly medical interventions.¹⁴ However, the chronically ill and disabled especially are among the most difficult to house due to special accommodations needed for their daily living and health care maintenance. One focus group participant that is wheelchair-dependent said:

“My choice was out of nine applications, [the building where I live] was the first one that was wheelchair accessible with completely zero thresholds and that was within two months and that was lucky. The next one that opened up that I wanted to get into was another four-and-a-half months later.”

Renters are less likely to have been seen by a primary care provider and less likely to have seen a dental provider in the past year, indicating lower access to and or utilization of preventative healthcare services. In the short term, health differences may not be as easily observable between the two groups, however long term health is inevitably affected by lack of preventative health services. For example, there is a 21% difference between owners and renters who have seen a dental provider in the past year. For adults aged 65 years of age and older, 17% of renters have lost all of their natural teeth due to tooth decay or gum disease, compared to just 5% of owners.

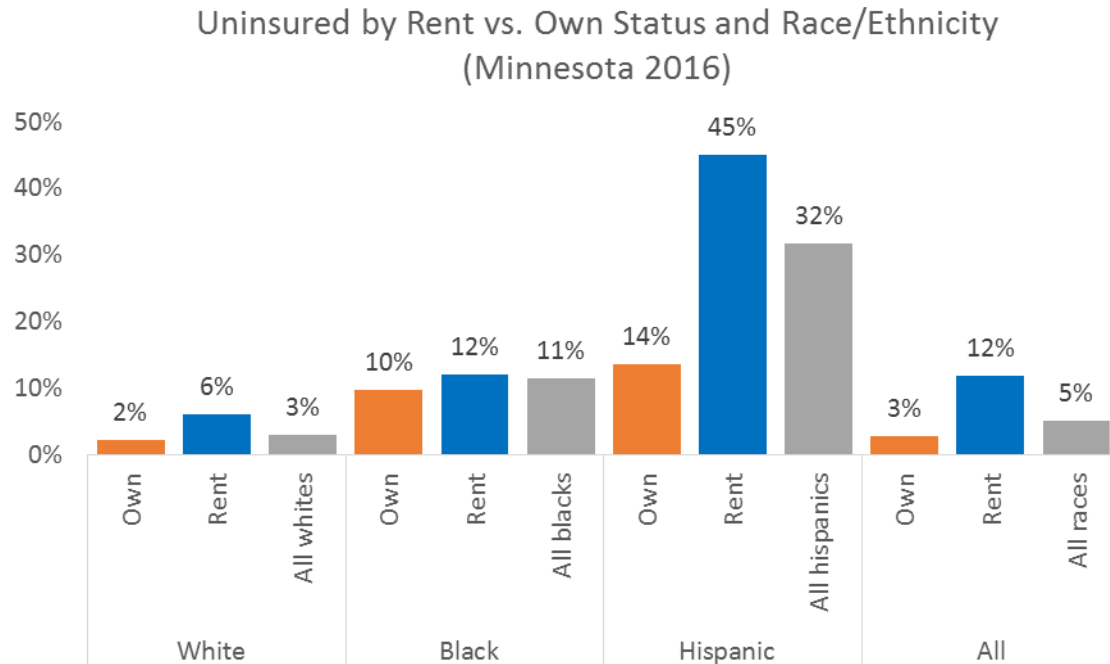
Figure 15



Source: Minnesota Behavioral Risk Factor Surveillance System, 2016.

In the Twin Cities Metro Area, renters are more likely to be uninsured (12%) than owners (3%) and more people of color are uninsured than Whites. Latino renters are more likely to be uninsured (45%) than Black (12%) or White (6%) renters and among Latinos, there is a 31% gap in uninsured rates between those that rent (45%) compared to those that own (14%) their home.

Figure 16



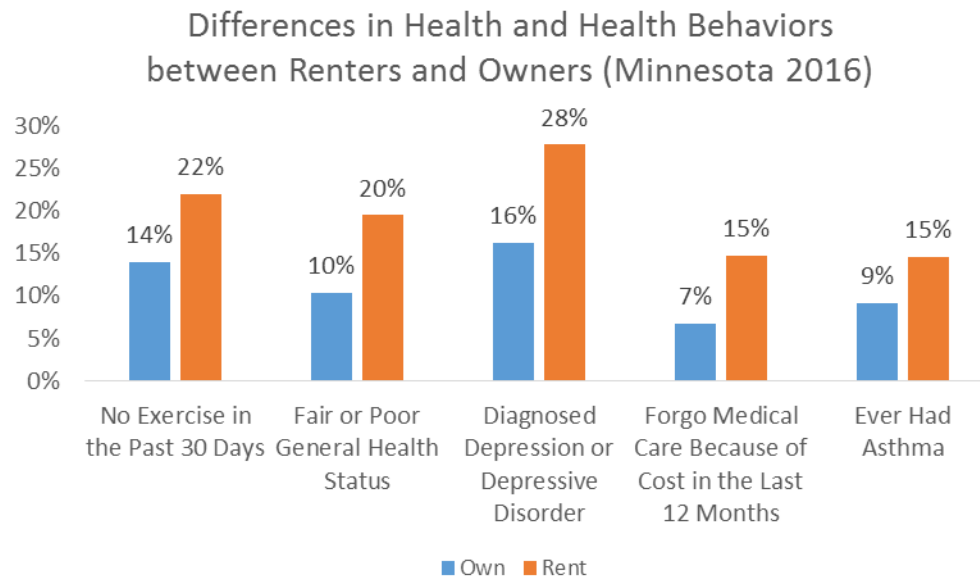
Source: Minnesota Behavioral Risk Factor Surveillance System, 2016.

Even when low-income people do have health insurance, they may still forgo medical care to avoid medical costs. According to the statewide BRFSS, 19.5% of renters rate their health as fair or poor compared to 10.4% of owners. In comparing renters and homeowners, 27.8% of renters have diagnosed depression or depressive disorder vs. 16.3% of owners.⁴⁴ Nevertheless, 14.7% of renters reported forgoing medical care because of cost compared to 6.7% of owners (see Figure 17). One focus group participant described her family's current medical needs this way:

"I know I need glasses but I haven't gone in. I know I need them. My husband just had his eyes re-checked and he needs new glasses and we had to pay that, but yeah, mom is always last. I know that my kids haven't been to the dentist for 2 years because we can't afford it. My husband has insurance, but they don't pay if you need work or anything. You have to pay a percentage out of pocket. They want \$1000. My kids need their wisdom teeth pulled and we can't afford it. They want \$2000 down. I don't have \$2000."

People who are ill or have poor health behaviors are more likely to need medical attention, yet are less likely to have the coverage they need. Renters are less likely to have exercised in the past 30 days, more likely to have diagnosed depression or depressive disorder, and more likely to rate their health as fair or poor, yet are more likely to report forgoing medical care.

Figure 17



Source: Minnesota Behavioral Risk Factor Surveillance System, 2016

Food Insecurity and Housing

When people do not have enough money to buy nutritious food for themselves or their family members, they are considered food insecure. Cost-burdened renters are constantly making the tradeoff between buying nutritious food for their families and paying for rent. In the words of some focus group participants:

“When you don’t have the money [for rent], you are buying crap for food, living as cheap as you can, so you don’t feel well about yourself or reality.”

“... [A]ctually I need groceries right now and rent is due next week. So I’m going to have to think seriously about what I can and cannot buy, because in our situation all of our bills are due between the 1st and the 10th of the month, so that time is very stressful. Not gonna lie. There are some weeks where we won’t have milk for 3 days because we haven’t gotten paid yet. And no one should live like that. I feel like a terrible mom because my kids aren’t getting milk. That’s not the way it should be. [Crying] I’m sorry.”

Food insecurity negatively affects health. For example, food insecurity in children is associated with increased risks of some birth defects, anemia, lower nutrient intakes, developmental delays, cognitive problems, aggression and anxiety. It is also associated with higher risks of being hospitalized, poorer general health, asthma, behavioral problems, depression, suicide ideation, and worse oral health. These health risks also impact a child’s ability to succeed academically.⁴⁶

The health of adults is also negatively affected by food insecurity. Food insecure adults are more likely to have poor health, more chronic diseases (heart disease, diabetes), poorer disease management, mental health challenges, and more limitations in daily activity than food secure adults.⁴⁶ The experience of one focus group participant demonstrates this:

“In the last year I was diagnosed with high blood pressure and I’m diabetic now, all from stress. I’m not working out like I should because I’m stressed out about this. Then it becomes emotional. It’s a lot and it takes a toll on your body.”

Nearly 25% of renters in Richfield do not have a car in their household, compared to just 3% of owners, which presents further difficulties for these renters in accessing full service grocery stores that supply nutritious food. Even though full service grocery stores are relatively abundant in Richfield, the additional exertion of using multi-modal or public transportation to get to a full-service grocery store or transporting groceries back from a full service grocery store may deter frequent trips to full-service grocery stores or encourage shorter trips to convenience stores, which generally sell less healthy food.

There is a strong correlation between being housing insecure and being food insecure. People who are housing insecure often prioritize paying their rent or mortgage over other basic needs, such as healthy food. The social service organization VEAP,^{xiii} which serves Bloomington, Edina, Richfield and a small part of South Minneapolis, has prioritized housing in its mission to address hunger within the community. An analysis of VEAP Social Service Assessments from January-June 2017 found the following:

- 223 of 1,116 (20%) Social Service Assessments conducted were for Richfield Residents
- 85% of the Social Service requests from Richfield Residents were housing related
- 136 of 223 assessments (61%) involved requests for housing assistance (rent, deposit assistance). Clients were in a housing emergency when they requested help (behind on rent, facing eviction, lease terminated, no income for next month’s rent, etc.).
- 53 of 223 assessments (24%) involved requests to help clients search for housing, including subsidized housing placement.

An analysis conducted by the Minnesota Department of Health of the 2015 Minnesota BRFSS found that Minnesotans facing housing and food insecurity are more likely to be obese. People who reported being sometimes, usually, or always being worried or stressed about having enough money to pay their rent or mortgage were 7.8 percentage points more likely to be obese and those that reported being sometimes, usually, or always being worried or stressed about having enough money to buy nutritious meals were 9 percentage points more likely to be obese than those who rarely or never felt this way.⁴⁷ These findings support evidence that shows that housing instability and food insecurity contribute to health outcomes – in this case obesity rates.

^{xiii} VEAP operates the largest food shelf in the state of Minnesota

Causes of Poor Health for Renters

Socioeconomic status (SES) has been identified as a fundamental cause of health inequities, and race and ethnicity are linked to an individual's SES.⁴⁸ Housing is highly unequal by income and race, thus any efforts aimed at reducing disparities by income or race would also reduce the burden of housing insecurity on low-income people and people of color and American Indians.

Central to the health impacts of housing is the issue of cost burden. People who are housing insecure, at the most fundamental level, simply do not have enough income to afford or demand a better living situation. Wages are too low for many residents who work full-time to earn enough to afford the typical rent in Richfield. A tool developed by the National Low Income Housing Coalition (NLIHC) shows that a Richfield household earning a minimum wage of \$9.00 per hour would need to work 89.7 hours per week to afford the median rent in Richfield. A household would need to earn \$18.65/hour to afford a two-bedroom apartment.^{xiv, 49}

When housing conditions are unfavorable to renters, moving is a luxury. In order to move, low-income renters must find a way to save for a new security deposit and other moving costs on top of keeping up with current rent:

"I need money to move. I need money for a truck, for movers, and I need to find a place which means I need a security deposit; my credit is not that great, so every place I move to I have to pay double the security deposit; I can't depend on the security deposit from where I'm at now because I won't get that until 30 days after I've left. At least 30 days until after I've left. So it's like I need all of this in order to keep moving, but it's like where is it going to come from?"

Even when a renter is able to save for a move, the low rental vacancy rate in the area makes it very difficult for renters to find suitable alternative housing without disrupting jobs, schooling, childcare or other important social and economic support systems that come with long-term housing stability. One focus group participant said:

"We love the city of Richfield. We don't really want to move out of the city, but we do want to move out of our apartment, but it's really hard because there aren't that many apartments."

When renters have other barriers to housing, such as a poor credit, utilization of Section 8 vouchers, a disability that requires certain physical accommodations, a household larger than four people, or an eviction record, finding affordable housing is next to impossible without considerable disruption or sacrifice. An analysis to impediments of fair housing choice in Hennepin County from 2014 found that there was a high rental application denial rate in communities of color and those with disabilities based on rental selection criteria (criminal background, credit history, rental background).⁵⁰ Simply put, people who are housing insecure will often remain in unsafe or unhealthy living situations due to the inability to find or qualify for suitable and affordable alternative housing.

It is no secret that affordable housing in the Twin Cities, including in Richfield is scarce. The supply of affordable rental units is inadequate to meet the demand. With more affordable housing options,

^{xiv} According to NLIHC, Zip code Housing Wages are based on HUD's Small Area Fair Market Rents (FMRs), while the other zip code estimates are from the 5-year (2011-2015) American Community Survey (ACS).

renters would be able to exercise their market power as consumers of housing and move when rental situations become intolerable or health or safety concerns are not being addressed.

When renters are housing insecure and affordable housing is scarce, they are also less likely to report unsafe or unhealthy conditions to landlords, or escalate housing concerns to a regulatory body, such as the local environmental health department, for fear of eviction. One participant from an immigrant community in Richfield said this:

“[P]eople do not clearly understand their rights and obligations. The reason why many of them don’t speak about the problems they’re facing with the landlord is because they think that the landlords could bring a law suit against them.”

Another focus group participant who is not from an immigrant community, said this:

“In my building in particular, there may be 10% that speak English which is a big problem because they don’t report anything. They don’t want any problems. They may be here illegally. They don’t report ANYTHING unless they absolutely have to. I almost feel like a pest for speaking up for regular things that need attention.”

Although it is technically illegal to evict tenants for reporting unsafe living conditions, many informal eviction methods exist that will still result in the displacement of a tenant without formal eviction proceedings. Even if housing discrimination happens on the basis of reporting concerns, a tenant may not pursue legal action due to lack of resources or political power.

Furthermore, current health and safety codes for rental housing may not adequately protect renters. Bed bugs are a major cause of concern, as demonstrated by calls to HOME Line as well as input from focus group participants. However, bed bugs are not considered an environmental health violation under Minnesota Housing Code. Secondhand tobacco smoke and other environmental irritants are common in multi-unit housing, even when officially prohibited by building policy or state housing code. However, the Federal Clean Indoor Air Act only deputizes environmental health inspectors to cite for secondhand smoke if they actively observe someone smoking in a common area while on an inspection visit. No standards exist around the cleaning or replacement of carpets in units and common areas.

Federal housing assistance programs designed to provide economic relief and some protection for low-income renters are grossly underfunded given current demand. The Richfield waiting list for Section 8 vouchers has been closed for two years and is not expected to reopen anytime in the near future. The last time the waiting list opened was in 2016, and it closed within two days. Once on the waiting list, it is not uncommon for applicants to wait years—and sometimes even decades—to receive a voucher. The average wait time for Section 8 housing assistance in Richfield is 3.5 to four years for those who are below 30% average median income (AMI). There are still people on the 2009 list that are waiting because their income falls between 30% and 50% AMI and they will probably wait several more years. Once a tenant’s name comes to the top of the list to receive a Section 8 voucher, they have 120 days to find a housing unit where they will pay no more than 40% of their income for rent, and that also will accept Section 8 vouchers. Federal law does not prohibit discrimination based on Section 8 status, which means that any landlord in Richfield has the right to turn away a tenant with a Section 8 voucher.

In stark contrast to the other six focus groups conducted with low-income renters that live in NOAH, renters from the focus group conducted at a subsidized rental property that accepts Section 8 vouchers reported high overall satisfaction with their housing situation. Rent never exceeded 30% of a renters’ income leaving enough money for other basic needs; inspections were conducted regularly and thoroughly; repairs were addressed in a timely manner and residents benefitted from the social ties that

came with long-term housing stability. A recent study reports that low income households that moved to public housing during the previous year were more likely to report an improvement in their health than similar households who did not move to public housing. The study also found that HUD-assisted renters spent less on healthcare.⁵¹

This HEDA reveals that housing is a major concern of low-income renters in Richfield. Much of what is in the literature on the subject of housing and its impact on health is reflected in their everyday experiences shared with BPH during the focus groups. An abundance of examples of poor living conditions existing in some Richfield apartments and problems resulting from unaffordable rents are included in this report and accompanying focus group analysis (Appendix C). Bedbugs, cockroaches and rodents, were reported in many of the focus groups and some of the key informant interviews. Tenants reported that their concerns about infestations were ignored or they were charged for extermination. Repeated fumigation/eradication efforts often resulted in only temporary reprieve with repeated infestations occurring within a short time period. Unclean and unsafe conditions such as dirty carpets, mold in walls, ceilings and bathrooms, broken appliances and windows, locks, and second-hand smoke were also frequently reported. Making these problems even worse is that many renters tolerate these poor housing conditions and do not inform landlords of problems because of fear of retaliation such as increased rents or eviction. This is exacerbated by circumstances such as language barriers, poor credit scores, large families, unavailability of affordable alternatives or immigration status that make moving to another apartment very difficult or nearly impossible. Unaffordable rents cause many renters to be food insecure and neglect seeking health care. High rents often results in low-income renters moving more often and disrupting their lives and the lives of their children. NOAH is often concentrated along major roadways resulting in low-income renters being concentrated in certain areas of Richfield rather than being dispersed among higher income residents.

It is clear that tenants want to be heard and be involved in the process of shaping the policies and systems that impact them. Key informants and focus group participants overwhelmingly reported feeling like the city was on the side of landlords, or not looking out for the best interests of tenants.

"I don't get why the city inspects but they never do anything."

"You see, [city inspectors] are not going to know if [the landlords] are doing the work or not because nobody is following [the landlords]. [The inspectors] think the work is done."

In the words of school staff members who work with housing insecure families in the district on a daily basis:

"[A] family can pay on time their rent, they can be doing whatever they can to provide a roof to their kids, but the living conditions of their apartments are bad. I mean, they have cockroaches, mice, bed bugs, and they don't care. We have called the city, we have talked to landlords. It doesn't matter. Nothing."

"You go to those apartments and it's like, 'how can that apartment have a rental license?' I do not get that. Where's the city at that point?"

"I don't think politicians have any idea of what we're seeing. They have NO idea. They look at... they for instance look at undocumented status and those are all criminals or whatever. What we see is people working hard; we see kids coming to school; we see them treating school as a respectable institution where their child is going to learn and grow. It is very eye-opening what we see compared to what, if I turn on the TV and see. And that these are families. These are kids."

These kids are innocent, innocent kids! I think, just about, giving chances to somebody. It might be a bad credit rating...they can't get an apartment, or if they do it is going to be \$1500 instead of \$1200...I just think there is the access to housing [issue and] the access to systems [issue]. It's all intertwined.

It is important to acknowledge that city staff also reported hearing from landlords that they felt that the city was on the side of the tenants. City staff are often in a hard position, faced with enforcing codes that feel over burdensome for landlords but insufficient for tenants.

Regardless of responsibility for the living conditions reported by tenants, these conditions affect tenants' health and the health of their children. The constant worry of having enough money for rent causes tremendous stress in their lives which most people stated affected their mental, as well as, physical health. The unaffordable cost of housing often caused them to choose between food or health care and paying the rent. The toll on children was at the forefront of parents' concerns. Giving children a sense of security and keeping children in the same school was a goal that they worked hard to reach. When asked about their hopes for the future, renters wanted a home that was clean and safe; to be treated fairly and with respect by landlords; and to be able to afford rent without having to sacrifice other basic needs. Many renters hoped to be able to own a home in the future, but felt that this was a very difficult undertaking. Lastly, they want to be included in the discussion of affordable housing and be part of the solution.

The key informants and tenants who are living day-to-day with these housing issues deserve to have their voices heard as the City considers options to address the pressing problem of housing affordability and be invited to be part of the solution. In addition to engaging landlords, the city must continue developing relationships with tenants and community organizations that work directly with tenants to foster authentic engagement, and include these critical voices in the development of equitable solutions to the affordable housing crisis.

Recommendations to Improve Health through Housing Policies

The mission of Bloomington Public Health is to engage the community in promoting, protecting and improving the health of all. Many of the chronic diseases that occur in Richfield residents, especially among low-income people of color, are preventable. For example, obesity is a chronic disease that is very serious because it increases the risk of other chronic diseases such as Type 2 diabetes, heart disease, cancer and stroke. Obesity is often thought of and portrayed as the result of an individual's poor lifestyle choices. But the root cause of obesity is very complex and interrelated to the environment in which a person lives. For example, unstable, unsafe and/or unaffordable housing cause or exacerbate obesity in a number of ways by precipitating tradeoffs between paying high rent and purchasing healthy food or delaying or forgoing medical treatment; increasing stress hormones that influence physiological changes that promote over-eating and body fat accumulation; increasing mental health issues that increase the risk of depression that in turn can negatively influence diet and exercise habits. When the root causes of chronic diseases are not addressed, progress in decreasing the prevalence of these diseases is unlikely to occur.

In addition, it is clear that years of trying to educate or medicate ourselves out of the chronic disease epidemic and the widening health equity gap has not worked. The root causes of chronic disease must be addressed. Unstable and unaffordable housing is a fundamental root cause that has a profound effect on many aspects of health. The HEDA results make clear that the health of people most affected by poor housing issues in Richfield and the resulting health effects are low-income renters who are most often people of color.

As a result of this HEDA, BPH recommends to the City of Richfield officials, staff, housing advocates and the community of Richfield that the solution to improving the health of Richfield residents lies in developing and promoting housing policies that will have the most effect on the reducing triggers that influence poor health outcomes directly related to housing conditions and affordability. The City of Richfield should consider examining housing issues with a Health in All Policies framework, which is a collaborative approach to policymaking and program planning that integrates health across sectors and at all levels.

The cost of inadequate, unaffordable housing on the physical and mental health of residents in the short and long-term has long been overlooked in the decision-making process. Utilizing a Health in All Policies framework, as well as the insights gained on racial equity by city staff and officials' involvement in the Government Alliance on Race and Equity (GARE) network, can help prioritize the issues and potential solutions to the housing affordability crisis in Richfield. This intentional focus can shift the conversation from merely a discussion of economic forces in the housing marketplace to include the true human costs of an unstable and unaffordable housing market on Richfield residents.

The academic literature, state and local data, and key informants' and renters' perspectives documented in this report shed light on housing issues that—if addressed—can reduce chronic diseases and improve the overall health of Richfield renters. BPH recommends that the following well-documented health issues among low-income renters be targets for Richfield housing policy using a Health in All Policies framework:

Asthma

Target housing issues that trigger asthma. The issues documented in this report that trigger asthma include pest infestations, dirty carpets, moisture, mold/mildew, improper or non-working ventilation, and second- and third-hand smoke.

Obesity, Type 2 Diabetes and other chronic diseases

Target housing issues that can exacerbate chronic diseases. The issues documented in this report that contribute to chronic diseases are connected to affordability that force tradeoffs between paying for housing costs and paying for health-related expenses that can contribute to improved health such as healthy food, health insurance and medical care. Conversely, unaffordable rents deter renters from being able to manage or prevent chronic disease, due to food insecurity, delayed access to health care and stress.

Stress and Mental Health

Target housing issues that cause excessive stress and poor mental health. The issues documented in this report that cause excessive stress and poor mental health include displacement, housing instability, housing insecurity, landlord intimidation, repair problems and infestations (especially bed bugs). Housing policies that emphasize long-term stability of residents especially in families with children or households with special needs; and ensure renters have a clear process to address repair, maintenance, sanitation or safety issues without fear of retribution will reduce stress on renters and support mental health management for renters living with a mental health condition.

Perceived General Health

Target housing issues that prevent renters from feeling stable and safe; and having hope of moving from renter status to homeowner status. Self-perceived health is an indicator of disease and death in the population and is an important measure in determining health-related quality of life. When renters are stably and safely housed, they are able to shift their focus to health behaviors and investments that protect their health. Targeting housing policies that encourage long-term tenancy or increase pathways to successful homeownership will allow for residents to shift their health outlook from “survive” to “thrive.”

Tackling the affordable housing crisis in Richfield offers an opportunity to not only improve the lives of low-income renters by improving housing conditions and affordability, it also promises to be an effective pathway to better health.

Next Steps

Bloomington Public Health has conducted this Health Equity Data Analysis to draw attention to the housing issues experienced by Richfield tenants that impact health; highlight the concerns and insights of the tenants and the people who serve them; and provide this information to decision-makers as they consider adopting new housing policies.

To adopt a Health in All Policies framework in housing policy, the City will benefit from local health data on which to benchmark its progress. To that end the Public Health Department will support a Health in All Policies framework by committing to track renter and owner status and housing insecurity in

Community Health Surveys it conducts so that health data collected on renters and owners by the department can be analyzed to look for persisting health disparities between the two groups.

BPH is also committed to continuing to intentionally engage renters in its own policy and programming work, and share information gleaned with other city staff and officials as appropriate. As follow-up to this report, BPH will condense this report into a format that is more accessible to community members and co-host an event or events with advocates and city staff to share report findings with the impacted community.

Bibliography

1. Hauge E (HOME L. Groundbreaking Fair Housing Settlement in Crossroads at Penn Class Action Lawsuit. <https://homelinemn.org/5577/groundbreaking-fair-housing-settlement-crossroads-penn-class-action-lawsuit/>. Published 2017. Accessed May 18, 2018.
2. Wig A. Richfield Schools project enrollment drop of 171 students. *Sun Current*. https://www.hometownsource.com/sun_current/news/education/richfield-schools-project-enrollment-drop-of-students/article_80cdda1a-9a3f-552f-ac4d-5b069810404f.html. Published January 30, 2016.
3. Otárola M, Dupuy B. A scare becomes a lesson: Richfield looks at ways to protect affordable housing. *StarTribune*. <http://www.startribune.com/a-scare-becomes-a-lesson-richfield-looks-at-ways-to-protect-affordable-housing/420680413/>. Published April 28, 2017.
4. Boston Public Health Commission. What is Health Equity? Boston Public Health Commission.
5. World Health Organization. About WHO. World Health Organization.
6. Minnesota Department of Health. *HEDA: Conducting a Health Equity Data Analysis*. Saint Paul, MN; 2017.
7. Rose K, Miller TK-N. *Healthy Communities of Opportunity: An Equity Blueprint to Address America's Housing Challenges*.; 2016.
8. U.S. Department of Housing and Urban Development. FY 2018 Income Limits Documentation System. FY 2018 Income Limits Summary. <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>. Published 2018. Accessed May 14, 2018.
9. U.S. Department of Housing and Urban development. Rental Burdens: Rethinking Affordability Measures. HUD User.
10. Wahowiak L. Healthy, safe housing linked to healthier, longer lives: Housing a social determinant of health. *Nations Health*. 2016;46(7):1-19.
11. VA Rauh, PJ Landrigian LC. Housing and health: intersection of poverty and environmental exposures. *Ann N Y Acad Sci*. 2008;1136:276-288.
12. Ingrid Gould Ellen SG. *Housing, Neighborhoods, and Children's Health*.; 2015.
13. Gundersen C, Ziliak JP. Food Insecurity and Health Outcomes. *Health Aff*. 2015;3(11):1830-1839. doi:10.1377/hlthaff.2015.0645.
14. Jeffrey Lubell, Rosalyn Crain RC. *Framing the Issues - The Positive Impacts of Affordable Housing on Health*.; 2007.
15. Evans GW, Wells NM, Moch A. Housing and Mental Health: A Review of the Evidence and a Methodological and Conceptual Critique. *J Soc Issues*. 2003;59(3):475-500. doi:10.1111/1540-4560.00074.
16. Robinson E, Adams R. *Housing Stress and the Mental Health and Wellbeing of Families*.; 2008.
17. Metropolitan Council. *Choice, Place and Opportunity: An Equity Assessment of the Twin Cities Region*. St. Paul, MN; 2014.

18. Minnesota Department of Education. *Minnesota Report Card.*; 2017.
19. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table S1701.*; 2016.
20. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table B19001.*; 2016.
21. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table S0901.*
22. Minnesota Center for Health Statistics. *Minnesota Student Survey.* St. Paul, MN; 2016.
23. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table B25008.*
24. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table S2504.*; 2016.
25. Stantec. *Rental Housing Inventory and Needs Assessment.* Richfield, MN; 2012.
<http://richfieldmn.gov/home/showdocument?id=2170>.
26. Commercial Real Estate Finance Company of America. Multifamily Property Classification.
<http://www.crefcoa.com/property-classifications.html>. Published 2018. Accessed May 15, 2018.
27. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table B25010.*
28. Urban J. *Personal Communication.*; 2018.
29. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table S2501.*
30. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table S2503.*
31. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table B25042.*
32. Minneapolis Area Association of Realtors. *Local Market Update – March 2018 Richfield.*; 2018.
<http://maar.stats.10kresearch.com/docs/lmu/x/Richfield?src=map>.
33. Mosaic Community Planning. *Addendum to the 2014 Regional AI.* Saint Paul, MN; 2017.
34. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table B25003.*
35. Buchta J, Webster M. Richfield again tops Star Tribune housing index; Little Canada makes biggest leap upward. *StarTribune*. February 2018.
36. Andrew Aurand, Dan Emmanuel, Diane Yentel EE. *The Gap: A Shortage of Affordable Homes.* Washington, D.C.; 2017.
37. United States Department of Housing and Development. Ensuring Equitable Neighborhood Change: Gentrification Pressures on Housing Affordability. 2016.
38. Crowley S. The Affordable Housing Crisis: Residential Mobility of Poor Families and School Mobility of Poor Children. *J Negro Educ.* 2003;72(1):22-38.
39. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table S0701.*
40. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table DP04.*
41. Shana Pribesh DBD. Why are Residential and School Moves Associated with Poor School

- Performance? *Demography*. 1999;36(4):521-534.
42. C. Jack Tucker, Jonathan Marx LL. "Moving On": Residential Mobility and Children's School Lives. *Sociol Educ*. 1998;71(2):111-129.
 43. Desmond M, An W, Winkler R, Ferriss T. Evicting Children. *Soc Forces*. 2013;92(1):303-327.
 44. Centers for Disease Control and Prevention. *Minnesota Behavioral Risk Factor Surveillance System*.; 2016.
 45. Ganesh B, Scally CP, Skopec L, Zhu J. *The Relationship between Housing and Asthma among School-Age Children: Analysis of the 2015 American Housing Survey*. Washington, D.C.; 2017.
 46. *Current and Prospective Scope of Hunger and Food Security in America: A Review of Current Research*. Research Triangle Park, NC; 2014.
 47. Minnesota Department of Health. *BRFSS Data Update: 2016 Obesity Rates (Video Webinar)*. St. Paul, MN; 2016.
 48. David R. Williams CC. Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health. *Public Health Rep*. 2001;116.
 49. National Low Income Housing Coalition. Two-Bedroom Housing Wage by Zip Code. Out of Reach.
 50. HousingLink. 2014 Analysis of Impediments To Fair Housing Choice : Has Your Right To Fair Housing Been. 2014;55405(612).
 51. Pfeiffer D. Rental Housing Assistance and Health: Evidence from the Survey of Income and Program Participation. *Hous Policy Debate*. 2017.
 52. Eliot J. The three housing problems that most affect your health. *The Guardian*. August 2014.
 53. Epstein RA. The Affordable Housing Crisis. Hoover Institution.
 54. Taddonio P. The Affordable Housing Crisis: More Demand, Less Supply. PBS Frontline.
 55. The health problems associated with poor housing and home conditions, inadequate water supplies, flooding, poor sanitation, and water pollution.
 56. Krieger J, Higgins DL. Housing and health: Time again for public health action. *Am J Public Health*. 2002;92(5):758-768. doi:10.2105/AJPH.92.5.758.
 57. Goldstein I, Reed C, Swanson M, Jacobson J. Aeroallergens in New York inner-city apartments of asthmatics. *Exp Suppl*. 1987;51:133-138.
 58. Beck A, Huang B, Chundur R, Kahn R. Housing code violation density associated with emergency department and hospital use by children with asthma. *Health Aff*. 2014;33(11):1993-2002. doi:10.1377/hlthaff.2014.0496.
 59. David Jacobs, Robert Clickner, Joey Zhou, Susan Viet, David Marker, John Rogers, Darryl Zeldin, Pamela Broene WF. The prevalence of lead-based paint hazards in U.S. housing. *Environ Heal Perspect*. 2002;110(10):A599-A606.
 60. Childhood Lead Exposure. Minnesota Department of Health.
 61. Alt K. Home Accident Statistics: Is Your Home as Safe as You Think? A Secure Life.

62. Falls. World Health Organization.
63. Carolyn DiGiuseppi, David E. Jacobs, Kieran J. Phelan, Angela Mickalide DO. Housing Interventions and Control of Injury-Related Structural Deficiencies: A Review of the Evidence. *J Public Heal Manag Pract.* 2010;16(5):S34-S43.
64. Sedigheh Nouhjah, Sharareh R. Niakan Kalhori AS. Risk factors of Non-fatal Unintentional Home Injuries among Children under 5 Years Old; a Population-Based Study. *Emerg (Tehran).* 2017;5(1).
65. JA Dal Santo, RM Goodman, D Glik KJ. Childhood unintentional injuries: factors predicting injury risk among preschoolers. *J Pediatr Psychol.* 2004;29(4):273-283.
66. Andrea Gielen, Wendy Shields, Eileen McDonald, Shannon Frattaroli, David Bishai XM. Home Safety and Low-Income Urban Housing Quality. *Pediatrics.* 2012;130(6).
67. Walker L. Tenant complaints often go unreported, unheard. *Lawrence Journal-World.*
68. Bachelder AE, Stewart KM, Felix HC, Sealy N. Health Complaints Associated with Poor Rental Housing Conditions in Arkansas: The Only State without a Landlord's Implied Warranty of Habitability. *Front Public Heal.* 2016;4(263). doi:10.3389/fpubh.2016.00263.
69. Deborah A. Cohen, Karen Mason, Ariane Bedimo, Richard Scribner, Victoria Basolo TF. Neighborhood Physical Conditions and Health. *Am J Public Health.* 2003;93(3):467-471.
70. Tama Leventhal JB-G. Moving to Opportunity: an Experimental Study of Neighborhood Effects on Mental Health. *Am J Public Health.* 2003;93(9).
71. Coley RL, Lynch AD, Kull M. *Poor Quality Housing Is Tied to Children's Emotional and Behavioral Problems.* Chicago, Illinois; 2013.
72. Carol S. Aneshensel CAS. The Neighborhood Context of Adolescent Mental Health. *J Health Soc Behav.* 1996;37(4).
73. Bashir SA. Home is Where the Harm Is: Inadequate Housing as a Public Health Crisis. *Am J Public Heal.* 2002;92(5):733-738.
74. McCorkindale W. House overcrowding disease fears. *Fairfax New Zealand Limited.* June 2013.
75. *Housing Conditions That Serve as Risk Factors for Tuberculosis Infection and Disease.*; 2007.
76. Lienhardt C. *From Exposure to Disease: The Role of Environmental Factors in Susceptibility to and Development of Tuberculosis.*; 2001.
77. Wells N, Evans G, Beavis A, Ong A. Early childhood poverty, cumulative risk exposure, and body mass index trajectories through young adulthood. *Am J Public Health.* 2010;100(12):2507-2512. doi:10.2105/AJPH.2009.184291.
78. *Current Housing Reports, Series H150/15.* Washington, D.C.; 2015.
79. Paula Braveman, Mercedes Dekker, Susan Egerter, Tabashir Sadegh-Nobari CP. *Exploring the Social Determinants of Health: Housing and Health.*; 2011.
80. U.S. Lacks Housing for 7.2 Million Lowest Income Renters. National Low Income Housing Coalition.

81. James Kirby TK. Access to Health Care: Does Neighborhood Residential Instability Matter? *J Health Soc Behav.* 2006;47:142-155.
82. U.S. Census Bureau. Data. 2016.
83. *Social Benefits of Homeownership and Stable Housing.*; 2012.
84. U.S. Census Bureau. 2016.
85. Ramsey County. Fair Housing Implementation Council. Ramsey County.
86. Feinberg E, Trejo B, Sullivan B, Ferreira-Cesar Suarez Z. Healthy Start in Housing: A Case Study of a Public Health and Housing Partnership to Improve Birth Outcomes. *Cityscape A J Policy Dev Res.* 2014;16(1):141-164.
87. Larrieux C, Grigorescu V, Bouraoui Y, Miller K, Paterson D. The Experience of Stressful Life Events in Pregnant Women. *MI PRAMS Delivery.* April 2004.
88. Richards R, Merrill RM, Baksh L. Health Behaviors and Infant Health Outcomes in Homeless Pregnant Women in the United States. *J Pediatr.* 2011;128(3):438-446.
89. Carrion B V., Earnshaw VA, Kershaw T, et al. Housing Instability and Birth Weight among Young Urban Mothers. *J Urban Heal.* 2014;92(1):1-9. doi:10.1007/s11524-014-9913-4.
90. Healthy People 2010. Social Determinants of Health. Healthy People.
91. Mary Cunningham GM. *Housing as a Platform for Improving Education Outcomes among Low-Income Children.*; 2012.
92. Thomas J. Kane, Douglas O. Staiger SKR. *School Quality, Neighborhoods, and Housing Prices: The IMpacts of School Desegregation.* Cambridge, Massachusetts; 2005.
93. Jason Bedrick LMB. Breaking the Link Between Home Prices and School Quality. *Polit Mag.* September 2015.
94. Gersema E. Neighborhood segregation is driven by income inequality, choice of school districts. *USC News.* May 2016.
95. Yoshinaga K, Kamenetz A. Race, School Ratings And Real Estate: A “Legal Gray Area.” NPR.
96. *Unequal Opportunity - Perpetuating Housing Segregation in America.* Washington, D.C.; 2006.
97. Harney KR. School quality is tied to home prices in new study. But other factors may affect values. *The Washington Post.* October 2013.
98. Ordway D-M. How eviction, housing loss affects job security among the working poor. *Journalist’s Resource.* April 2016.
99. Elizabeth Kneebone NH. *The Growing Distance between People and Jobs in Metropolitan America.*; 2015.
100. Hood E. Dwelling Disparities: How Poor Housing Leads to Poor Health. *Environ Heal Perspect.* 2005;113(5):A310-A317.
101. Seattle’s High Point Redevelopment Project. U.S. Department of Housing and Urban Development.

102. Allison Albee, Rebecca Johnson JL. *Preserving, Protecting, and Expanding Affordable Housing.*; 2015.
103. Ari Shapiro RR. 'The Color of Law' Details How U.S. Housing Policies Created Segregation. *NPR*. May 2017.
104. Semuels A. Where the White People Live. *The Atlantic*. 2015.
105. Semuels A. Can Better Data Help Solve America's Housing Problems? *The Atlantic*. July 2015.

OCTOBER 2017



HOUSING AND HEALTH

A LITERATURE REVIEW

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INTRODUCTION

Safe and affordable housing is fundamental to the health and well-being of families and individuals. Not only does adequate housing fulfill the basic human need for shelter, but also it greatly affects physical and mental health. Inadequate housing may be full of hazards—physical, chemical, and/or biological. Homelessness and unaffordable housing have negative effects on the community and multiplies inequities of vulnerable populations. Poor housing disproportionately impacts populations such as the elderly, children, the disabled, and those without a support network.⁵² With the growing affordable housing crisis in Richfield and an increased interest in housing policy to target displacement, it is important to understand how housing is linked to health.⁵³ The purpose of this literature review is to discuss why adequate and affordable housing is crucial for health and to make a point for why policymakers should work to improve and protect safe and affordable housing for vulnerable populations.

BACKGROUND

Every year, approximately 2.5 million people in the United States are evicted from their homes.⁵⁴ Although there is a nationwide housing crisis, low-income populations are disproportionately affected: rent is continuously increasing while wages remain stagnant; the home buying process is burdensome and excludes many; demand for housing considered affordable for low and middle income families far outpaces supply of affordable housing; and the housing stock is aging, prompting tough decisions for property owners between maintaining subpar housing for lower profit or renovating old properties to attract new, wealthier buyers/renters. The housing that remains for low-income households is often substandard, overcrowded and even dangerous. Higher-income households have a broader range of affordable housing options, and almost half of affordable homes or rental homes are occupied by

households of higher income, greatly limiting the range of housing available to low-income households.³⁶ This trend leads to gentrification, a “form of neighborhood change that occurs when higher-income groups move into low-income areas, potentially altering the cultural and financial landscape of the original neighborhood.”³⁷ Gentrification displaces long-term low-income residents, may re-segregate neighborhoods, and heighten barriers to entry for new low-income residents looking to move to places of opportunity.³⁷ The rapidly changing demographics spurring housing displacement makes public policy planning challenging; population-specific interventions targeted at improving outcomes (i.e., health, schooling) for the current population are not effective if the population changes before the intervention has had an opportunity to achieve its desired effect.

HOUSING AND HEALTH

People spend the majority of their lives in their homes. Healthy homes support healthy residents. Healthy homes must contain proper facilities and utilities; allow for personal hygiene, sound sleep, and the preparation of food; contain a relaxing environment; provide privacy; and allow people to interact with their family and friends.⁵⁵ Substandard housing may contain physical, chemical, or biological hazards that make many or all of these conditions impossible. Poor housing conditions lead to a variety of health conditions such as respiratory infections, asthma, cancer, lead poisoning, injuries, and poor mental health.⁵⁶

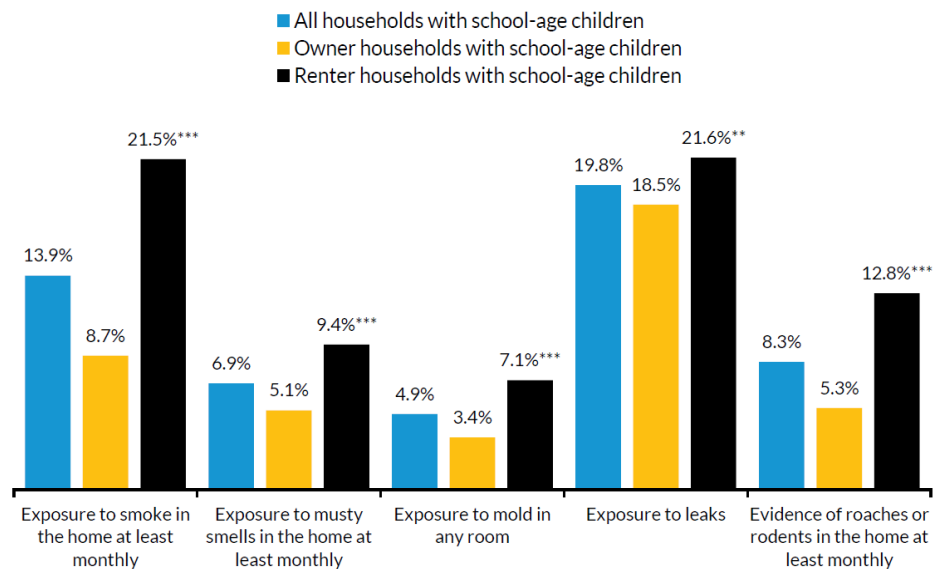
CONDITIONS WITHIN THE HOME

Strict housing standards exist to protect households from infectious and chronic disease. Community health can be predicted by assessing the overall neighborhood’s housing conditions.¹¹ Poor housing conditions include unclean drinking water, lack of hot water, ineffective waste disposal, pest and rodent infestations, and inadequate food storage.⁵⁶ Damp

housing, poor ventilation, improper heating, dirty carpets, pests, and rodents increase the prevalence of indoor allergens associated with poor health such as mold and dust mites.¹⁰

These types of housing conditions can trigger asthma. Asthma is the most common chronic disease among American children and is the leading cause of emergency department visits, pediatric hospitalizations, and school absenteeism.¹¹ Childhood asthma is commonly associated with low-income and minority populations and it is linked with conditions of a child's home.¹¹ The incidence and prevalence of asthma is especially high in low-income communities, where housing conditions are substandard. Statistics show that people with asthma were five times more likely than those without asthma to live in public housing—housing often associated with poor conditions and low-income households.¹¹ Renters with children are more likely to have asthma triggers in their homes than owners and are more likely to have at least one child with asthma.⁴⁵

Exposure to Asthma Triggers among Households with School-Age Children, Overall and by Tenure



Analysis of 2015 American Housing Survey. Households with school-age children include households with children ages 5 to 17. All asthma triggers are measured over the past 12 months. ** Estimate is significantly different from estimate for owner households at the 0.05 level. *** Estimate is significantly different from estimate for owner households at the 0.01 level.

Indoor combustion appliances such as gas-burning stoves and ovens are known sources of Nitrogen Dioxide (NO₂). NO₂ is a known toxicant and can also exacerbate asthma symptoms.¹¹ One study conducted to examine NO₂ levels in low-income neighborhoods found concentrations higher than in middle-class neighborhoods.¹¹ Airborne allergens from cockroaches and other pests have also been studied and proven to be triggers of asthma. A study found that 85 percent of inner-city homes with asthmatic children had detectable cockroach allergen levels.⁵⁷ Density of housing code violations is significantly associated with population-level rates of children's asthma-related emergency room visits and hospitalizations, independent of poverty.⁵⁸

Lead exposure is highly toxic and greatly affects young children and it is a major concern of substandard housing conditions. Excessive exposure is known to cause reduced intelligence, impaired hearing, stunt growth, and other adverse health effects.⁵⁹ Old and dilapidated homes are more likely to contain lead-paint and lead-based hazards.⁶⁰ In a 2002 study, housing units were tested for levels of lead from lead-based paint and lead-based paint hazards. Results showed that 24 million households had significant lead-based paint hazards, and of these households, 1.2 million units belonged to low-income families.⁵⁹ People can be exposed to lead directly by eating paint chips or indirectly by ingesting lead-contaminated house dust or soil. Studies indicate that dust lead is a strong predictor of child blood lead levels, and therefore houses with high levels of lead house dust and soil are extremely dangerous for children.⁵⁹

Each year, more than 18,000 Americans die from injuries and falls that occur in the home.⁶¹ Approximately 424,000 individuals die globally from falls annually, with adults older than 65 years of age suffering the greatest number of fatal falls.⁶² Falls are the second leading cause of accidental or unintentional injury deaths worldwide, and in the United States, 6000

deaths occur from falls inside the home.^{61,62} For children under age 19, residential injuries result in more than 4 million visits to emergency departments each year; for adults 65 years and older, more than 1.7 million emergency department visits occur each year from residential injuries. Structural deficiencies in housing cause fatal and nonfatal injuries in the home.⁶³ Factors leading to these structural deficiencies include construction, design, installation, and lack of monitoring and maintenance.⁶³

The main residential injuries affecting children are burning, falling, poisoning, swallowing objects, and choking.⁶⁴ A study concluded that children who live in homes that need repair are at a higher risk for injury than other children.⁶⁵ Children under age 5 are at higher risk of home injuries because they spend more time at home compared to older children who attend school.⁶⁴ Fall hazards for children include a lack of stairway safety gates and window guards, uncarpeted or concrete floors, damaged or missing window locks, and inadequate spacing and height of stairs and railings.⁶³ For individuals age 65 and older, approximately 60 percent of falls that required a trip to the emergency room occurred inside the home. Structural hazards such as lack of adequate handrails, unrepaired stairs, lack of grab bars and nonslip surfaces in the bathroom, tripping and slipping hazards like slippery flooring, and inadequate lighting are the main reasons for these falls.⁶³ A study concluded that fall prevention interventions such as improved home modifications like handrails, grab bars, and improved lighting can greatly reduce the risk of falls among older adults.⁶³ This shows that substandard housing is significantly associated with residential injury rates.⁶⁶

A study of substandard housing in low-income, urban communities found that 99 percent of the participating homes failed housing quality measures, including measures on heating, cooling, smoke alarms, walls, ceilings, floors, and sanitation and safety hazards.⁶⁶ Despite laws

being in place to enforce proper maintenance of aging properties and to protect tenants from substandard conditions, many of these conditions go unreported. Unreported housing violations can be attributed to tenant unawareness of rights, or fear of standing up for their rights.⁶⁷ Tenants fear eviction and homelessness, and low-income tenants often are unaware of housing codes. This is a problem because city inspectors only respond to tenant complaints. Otherwise, city inspections are only performed every few years.⁶⁷ A study of Arkansas renters found that 75% of low-income renters who had difficulty getting landlords to act on needed repairs (problems with plumbing, heating, or cooling systems, and pest or rodent control) reported health conditions they attributed to their housing situation (elevated stress levels, breathing problems, headaches, high blood pressure, and bites or infections).⁶⁸

In addition to the physical health issues related to poor housing conditions, housing is also related to high levels of stress resulting in mental health issues. Some explanations for the possible link between issues with housing quality and mental health, include insecurity/tenure concerns, difficulties with repairs and landlords, frequent relocations, less controllable social interactions, and stigma associated with poor housing.^{15,16}

NEIGHBORHOOD CONDITIONS

Outside of the home, the physical conditions of neighborhoods also influence health and well-being. Neighborhoods allow people to interact with one another and monitor others' behaviors. They are where people spend time outside, exercise, and purchase consumer products.⁶⁹ Fellow neighbors provide a network of social support and information about local neighborhood resources—all important for a healthy lifestyle.

Studies show that children living in poor quality housing, inner-city neighborhoods, low-income areas, and other dangerous neighborhoods were more likely to show signs of poor mental

health and more emotional problems.^{69–71} In 1994, the US Department of Housing and Urban Development (HUD) performed an experiment in five metropolitan cities where they moved impoverished families with children who lived in high-poverty, public housing neighborhoods to low-poverty neighborhoods.⁷⁰ Mental health of the families and children were measured. Parents reported lower levels of distress symptoms after being relocated and children displayed significantly less signs of anxiety and depression symptoms.⁷⁰ Mental health benefits of living in low-poverty neighborhoods were more significant in children than adults. A different study identified two main reasons for this: the neighborhood's structural properties and the individual's subjective experience of living in the neighborhood.⁷² A different study found that crowding was significantly associated with higher blood pressure among children and that these children are more likely to demonstrate learned helplessness and strained relationships with parents.¹⁴ Crowding is also attributed to poor mental health, developmental delay, heart disease, and short stature.⁷³

Neighborhoods with negative conditions such as graffiti, crime, violence, drug use and dealing, and lack of social cohesion greatly affect the mental health of children. In a Los Angeles study, children in neighborhoods characterized by these negative factors showed greater symptoms of depression, anxiety, oppositional defiant disorder, and conduct disorder.⁷² Lack of social cohesion plays a large role in depression symptoms, as well. Little social cohesion is associated with greater prevalence of negative neighborhood conditions and studies show that depression is lowest when people in a neighborhood know each other.⁷²

Neighborhood conditions also influence physical health. Low-income housing is often located near highways and highways may elevate asthma rates; factories and toxic waste sites may cause illness immediately or long-term; broken streetlights, cracked sidewalks, broken glass

and litter, and unsafe playgrounds can increase the risk of injury.¹² Household and neighborhood crowding is a known risk factor for numerous diseases, including gastroenteritis, hepatitis A, *Helicobacter pylori* infection, pneumonia and respiratory infections, influenza, bronchiolitis, tuberculosis (TB), and meningococcal disease.⁷⁴ These rates are especially high in children due to their high susceptibility to infectious disease.

Crowding is often mentioned in literature discussing the transmission of tuberculosis. A Canadian study found that “an increase of 0.1 persons per room (PPR) increased the risk of two or more cases of TB in a community by 40%.”⁷⁵ Tuberculosis is spread through the air from person-to-person. In crowded spaces, there is a decreased distance for air particles to travel, increasing exposure to everyone in the household.⁷⁶ Progression of the disease may also be increased by other factors associated with low-income populations such as malnutrition and suppressed immune systems.⁷⁶ In addition, crowding along with noise and substandard quality of the home are also mediating factors in the well documented relationship of childhood poverty and the risk of adult obesity.⁷⁷

Race also plays a factor in neighborhood conditions. Minority neighborhoods frequently have less amenities and community services available to them compared to predominantly White neighborhoods. Studies show that commercial enterprises often avoid segregated urban areas, resulting in poor quality, and fewer quantities of services available to those in urban areas. Neighborhoods with racial and ethnic minorities are also less likely to have healthy and affordable food items available for purchase, thus the high costs and poor quality of groceries lead to poorer nutrition and health in segregated neighborhoods.⁴⁸ In addition to having poor food choices available, minority communities are also targets for the tobacco and alcohol industries, which target these communities with saturated advertising. Exacerbating the issue,

lower income neighborhoods are usually located in zoning districts that are more likely to allow liquor and tobacco retail stores, whereas higher income neighborhoods usually have proactive, restrictive zoning which limits or eliminates liquor and tobacco retailer saturation.⁴⁸

HOUSING AFFORDABILITY

Affordable housing is linked with better health outcomes. Unaffordable housing forces families and individuals to make tradeoffs between paying for housing and meeting other basic needs such as buying nutritious food or going to the doctor. When housing costs are high, greater than 30% of income, people are much more likely to be food insecure.⁴⁸ According to the 2015 American Housing Survey, About 10.5 million American households, or roughly 8.9 percent, reported that in the past month their access to adequate food was limited by a lack of money and other resources. Housing status reveals a large disparity between homeowners and renters with 4.9% of homeowners and 15.5% of renters being food insecure.⁷⁸ Food insecurity negatively affects health. For example, food insecurity in children is associated with increased risks of some birth defects, anemia, lower nutrient intakes, developmental delays, cognitive problems, and aggression and anxiety. It is also associated with higher risks of being hospitalized and poorer general health and with having asthma, behavioral problems, depression, suicide ideation, and worse oral health.¹³

Developmental delays occur before children enter school, putting them at a disadvantage among their peers. Children experiencing hunger in kindergarten had lower test scores in reading and math by third grade. Not only is food insecurity associated with persistent attention deficit hyperactivity disorder (ADHD) in children, but childhood hunger and food insecurity also contribute to health problems in adolescence. Adolescents who have experienced childhood hunger or food insecurity have a greater likelihood for mood, anxiety, and behavior disorders,

including depression and suicide ideation, and increased likelihood of substance abuse in adolescence. The health of adults is also negatively affected by food insecurity. Food insecure adults are more likely to have poor health, more chronic diseases (heart disease, diabetes), have poorer disease management and mental health challenges, and have more limitations in daily activity than food secure adults.⁴⁶

The high cost of housing leads low-income families to concentrate in neighborhoods with a high prevalence of unsafe and overcrowded housing. These neighborhoods are likely to have higher rates of poverty and fewer resources for healthy habits such as parks, bike paths, and safe sidewalks.⁷⁹

Affordable housing is scarce, even when it is unsafe, overcrowded or cost burdensome for the lowest-income renters. In 2016, the National Low Income Housing Coalition (NLIHC) released a report stating that “there is a shortage of 7.2 million affordable and available rental units for the nation’s 10.4 million extremely low-income (ELI) renter households.”⁸⁰ Three-quarters of these renters spend more than half of their income on rent and utilities. The financial rule of thumb is that no more than 30 percent of household income should be spent on housing.³⁶ The report also states that nationally, there are only 31 affordable and available rental units per every 100 low-income renter households.⁸⁰

Lack of affordable housing creates housing instability for many low-income families, resulting in frequent moves, and in severe cases, times of homelessness.³⁸ Frequent moving, especially of families against their own will, can have detrimental long-term health effects on children. Often times, families move to places with poorer housing conditions. A study showed that “in cases of highly mobile poor families, [...] mothers held out hope that the next place

would be the right place. When their current living situations became untenable, leaving was preferable to staying.”³⁸

Residential instability is brought up in many social theories, and an early social theory states that residential stability increases social integration, “as measured by the likelihood that neighbors will know one another, be willing to help one another, and be able to exert informal social control.”⁸¹ On the other hand, residents of neighborhoods with high residential turnover are less likely to be involved in social networks.⁸¹ These neighborhoods are also linked to high levels of crime and victimization, low levels of social exchange, and poor mental health and psychological wellbeing.⁸¹ Research suggests that social networks are determinants of access to community resources, including the use of health care services.⁸¹ Social circles and networks influence individuals’ beliefs in healthcare utilization and help-seeking behavior, including the timing of seeking care and the type of care sought.⁸¹ Communities with strong social network as well as connections to institutions such as churches tend to have individuals that are more likely to utilize preventive health screenings.⁸¹

Residential mobility also has serious implications on a student’s academic success. Studies show that students who move frequently perform less well in school than those with more stabilized living situations.^{38,41} Students with high residential mobility are often from low-income families who are victims of unaffordable housing.³⁸ While upper- and middle-income families are more likely to move to a different home for positive reasons such as better employment opportunities or better neighborhood conditions, low-income families often are forced to move for reasons such as eviction or unaffordable housing.³⁸ One of the main arguments for why residential mobility influences a child’s academic performance is due to the severing of social ties that are critical for the cognitive and social development of a young

person.⁴¹ Previous research has shown that students who have strong social connections within and between families tend to have better school performance.⁴¹ One study showed that moving psychologically disrupts and disorients children and teenagers due to the loss of close friends and anxiety caused by uncertainty of fitting into new peer groups.⁴² Residential mobility makes developing ties to a social network more challenging and may cause mental health effects such as anxiety and depression in children. Children have a more difficult time readjusting to new situations and struggle to adapt to new schools and social settings.

A stable home is also important for individuals with chronic illnesses, disabilities, and the elderly. These individuals require a stable environment to maintain their treatment regimes. A research study shows that homelessness and unstable housing are associated with lower rates of regular medical care and access to medical treatments, and makes adherence to complex treatment regimens and attending follow-up appointments difficult.¹⁴ Supportive and stable housing increases the quality of care and life for ill populations and can lead to improved health outcomes and less intensive use of costly medical interventions.¹⁴ Elders and disabled individuals have special needs and often require accommodations in their homes. Low-income housing usually does not include these special accommodations and supportive services, leading to more injuries and falls.¹⁴ Stable housing is needed to ensure that they have the arrangements necessary for their activities of daily living.

Homeownership often leads to higher housing stability, as homeowners move less frequently than renters do. It also allows households to stabilize finances and accumulate social status. From 2015 to 2016, 5 percent of homeowners moved residences compared to 23 percent of renters.⁸² Rates of homeownership have been stable since the beginning of the 20th century.⁸³ In 2015, a high rate of 69 percent of Americans owned their homes, but homeownership rates

declined to 64 percent in 2016.⁸³ There are large racial disparities between those who rent versus own their homes. African Americans have a national homeownership rate of 41.7%, and Hispanics have a national homeownership rate of 46%, compared to a national homeownership rate of 72.2% among Whites.⁸⁴ According to the 2014 Addendum to the FHIC's 2014 Regional Analysis of Impediments to Fair Housing,⁸⁵ Richfield has the largest home ownership gap in Minnesota with 77% of White residents compared to 29% of non-White residents owning homes.³³ Those who own homes are known to be happier and healthier than renters, even after controlling for factors such as income and education levels. A study found that low-income people who recently gained homeownership report higher levels of life satisfaction, higher self-esteem, higher perceived control of their lives, and higher self-ratings on physical and mental health.⁸³

Richfield has Largest Homeownership Gap in Minnesota
Homeownership Rate
White residents – 77%
People of Color – 29%

PREGNANCY AND BIRTH OUTCOMES

Social conditions during pregnancy strongly influence maternal health and birth outcomes such as birth weight. Variations in birth weight significantly impact child health and social outcomes.⁸⁶ In a study conducted by the Michigan Department of Community Health, pregnant women reported “housing events” as a major stressor, coming second after financial events.⁸⁷ Exposure to major stress during pregnancy causes endocrinologic and immunologic responses in the body that secrete hormones associated with adverse pregnancy outcomes, such as early labor and susceptibility to infections.⁸⁷ Women experiencing stress who have poor coping skills are also more likely to turn to adverse health behaviors like smoking, which also negatively affect pregnancy outcomes.⁸⁷

Homelessness is associated with poor maternal physical and mental health and also contributes to unmet health services needs.⁸⁶ Data from the CDC suggests that “homeless pregnant women were less likely to have adequate prenatal care, take prenatal vitamins, and breastfeed, and they were more likely to smoke than housed mothers.”⁸⁸ In terms of birth outcomes, homelessness is associated with premature birth and low birth weight. Low birth weight (LBW) is defined as “the birth of infants weighing less than 2500 grams” and is associated with infant deaths.⁸⁶ Problems associated with LBW also persist throughout life, placing these children at an elevated risk for cognitive and behavioral concerns. A study by Merrill, Richards, and Sloan examined the relationship between birth outcomes and psychosocial and pregnancy-related risk factors. This study found that housing status influences risk factors on birth outcomes. Stressful events that negatively impacted birth weight, such as late entry into prenatal care, family illness, and relationship conflicts, was significantly greater for homeless women than housed women.⁸⁶

Housing instability also acts as a common stressor during pregnancy. The US Department of Health and Human Services defined housing instability as “having high housing costs, poor housing quality, unstable neighborhoods, overcrowding, or homelessness.”⁸⁹ A study identified factors associated with housing instability among pregnant teens and young women and examined the association between housing instability and infant birth weight.⁸⁹ More than 1 in 4 pregnant teens and young women in the study sample were unstably housed. These women were less likely to be enrolled in school, have parents as their main source of financial support, and live in a single-family home or apartment. The infants of women with stable housing, on average, weighed more than infants of women with unstable housing.⁸⁹ Women with housing

instability during the perinatal period were more likely to have stressors related to poverty and social instability.⁸⁹

HOW HOUSING INFLUENCES OTHER SOCIAL DETERMINANTS OF HEALTH

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health outcomes and risks. There are five areas that determine health: Economic Stability, Education, Social and Community Context, Health and Health Care, and Neighborhood and Built Environment. Each of these conditions can have a large impact on the health of an individual and community. Housing impacts these social determinants of health and two of these conditions are specifically outlined below.⁹⁰

EDUCATION

For many years, researchers and policymakers have looked into the idea that housing is linked to academic achievement, especially among low-income students. They believe that “high-quality, affordable housing, located in safe neighborhoods can go beyond providing basic shelter and stability, and can help provide a stable environment where children access high-performing schools, learn, and succeed academically.”⁹¹ A child’s household generally determines where they attend school. High quality schools are known to be located near higher-income neighborhoods and communities. In fact, the quality of local public schools “is widely believed to be a key determinant of housing prices.”⁹² School quality is typically measured by the quality of the education offered and the characteristics of the student body.⁹² Good schools tend to be surrounded by neighborhoods with nice amenities and public services, which is correlated with school quality.⁹² Neighborhood quality is associated with housing conditions and

housing values. The impact of schools on housing values and vice versa is largely indirect, but can greatly affect those who live in low-income neighborhoods and housing.⁹² Minority households and households that receive housing assistance or public housing are likely to be concentrated in poor neighborhoods with low-quality schools.⁹¹ Although children are assigned to default public schools based on neighborhood location, higher-income families are increasingly choosing to send their children to schools other than their assigned public school, while low-income children usually attend their assigned school.⁹¹ Statistics from 2015 show that in Washington D.C., the median price of a three-bedroom home in a neighborhood zoned to a public school with reading proficiency rates above 80 percent is approximately \$800,000.⁹³ In D.C. neighborhoods where a three-bedroom home median price is \$460,000, reading proficiency was less than 45 percent for students at the zoned public school.⁹³ Families that could afford homes under \$300,000 were assigned to schools with the poorest performance in the District, where math and reading proficiency rates were in the teens.⁹³

Researchers believe that although there are many factors that contribute to a child's academic success, basic housing needs are a critical part of school readiness and performance.⁹¹ As previously mentioned, factors such as housing quality, affordable housing, neighborhood conditions, and residential mobility all contribute to a child's health and well-being. Housing quality affects a child's safety and health outcomes, leading to better school attendance and improved focus in class.⁹¹ Affordable housing provides more financial security to families, decreasing stress for all household members and allowing more focus on school outcomes.⁹¹ Neighborhood conditions improve access to high quality schools and may lead to more opportunities for academic achievement such as afterschool programs and extracurricular

activities. Residential stability allows children to have an uninterrupted school year and prevents them from dealing with the stresses of moving.

School district options also lead to neighborhood segregation by income and race. Residential segregation causes schools to have vast racial differences and impacts the quality of education. Statistics show that public schools with high proportions of Blacks and Hispanics also have high proportions of poor children.⁴⁸ Despite there being a large number of poor White families in the United States, “poor White families tend to be dispersed throughout communities, with many residing in desirable residential areas.”⁴⁸ For high-income families, school districts play a large role in deciding where they will live. Income segregation among the student body at school leads to less diversity and a disruption of an integrated learning environment. Integrated learning environments are beneficial for children, especially those from disadvantaged households. Segregation among schools leads to inequities in test scores, school ratings, educational attainment, and well-being.⁹⁴

Furthermore, inequities in test scores and school ratings also influences home buying decisions. School ratings are based on measurable qualities such as standardized test scores and graduation rates—two indicators that are influenced by racial and income inequities.⁹⁵ Schools that serve students of color tend to have negative school ratings due to low test scores. The test scores can be explained by the poverty level of the student or the poverty level of the school as a whole.⁹⁵ Housing prices are influenced by school ratings, and school budgets are partly linked to local property taxes; thus, neighborhoods near highly rated schools have higher housing values, and therefore receive more resources and funding.⁹⁵ A report from the National Fair Housing Alliance stated that “schools have become a proxy for the racial or ethnic composition of neighborhoods.”⁹⁶ A study by Redfin, a national realty brokerage, reported that on average,

homebuyers pay approximately \$50 more per square foot for homes in school districts with top ratings compared to homes near average-rated school districts.⁹⁷ This means that the price difference for two similar homes (square footage, bedrooms, bathrooms) can range from tens of thousands to hundreds of thousands.⁹⁷ These trends further increase the inequity gap that kids from different backgrounds experience.

EMPLOYMENT

Where a person lives determines which jobs can be applied for. In low-income housing neighborhoods, this may present a large barrier for employment opportunities and job stability. Researchers are starting to look at how housing is linked to job security. In 2016, a study was conducted that looked into whether adults who lose their homes are more likely to also lose their jobs. The researchers worked to determine if there is “a connection between unemployment and workers being removed from their homes through eviction, landlord foreclosure, or housing condemnation.” The study found that about 42 percent of renters who lost their jobs were also removed from their homes. It was also reported that the likelihood that workers lose their job is an estimated 11 to 22 percent higher for individuals who have been removed from their homes compared to those who have not.⁹⁸ The majority of the removals were forced moves and court-ordered evictions. Black workers were also found to be more likely to be evicted from their homes, therefore increasing their discrimination in employment. The association may be explained by the fact that housing insecurity and concerns cause people to become so preoccupied with their housing situation that their job performance decreases.

Residential and racial segregation causes a myriad of health and racial disparities. Separation of races in residential areas originally was an institutional mechanism designed to “protect Whites from social interactions with Blacks,” but today, the degree of residential

segregation is still high for most African Americans in the United States.⁴⁸ SES has been identified as a fundamental cause of health inequities, and race and ethnicity are linked to an individual's SES. Residential segregation has limited minority access to educational and employment opportunities, thus impacting chances for higher SES.⁴⁸ Institutional discrimination based on residential segregation restricts employment opportunities for African Americans and other minorities, thus also affecting income levels. In the past few decades, jobs from urban areas have been moving to the suburbs. These jobs are high-paying jobs requiring low skills. This takes away high-paying entry-level jobs from African Americans residing in poorer urban areas and creates a "skills mismatch" where the available jobs in these areas require levels of skill and training that many of them do not have.⁴⁸ Residential racial segregation also isolates minority populations in segregated communities from stable employment and social networks that could lead to potential jobs.⁴⁸

Proximity to jobs and employment opportunities is significantly linked to economic outcomes.⁹⁹ In the early 2000s, jobs began to move away from urban areas as jobs declined. As jobs moved away from urban areas, racial and ethnic minorities and poor residents suburbanized themselves.⁹⁹ The shift away from urban areas created a larger distance between people and jobs, ultimately making jobs less accessible to people who cannot afford to live in the suburbs. Poor residents who live closer to jobs are more likely to work and more likely to exit social and financial assistance programs. Proximity is also important for low-income workers because they often have lower skills and are more constrained by the cost of housing and commuting; this drastically limits their job search options. Areas with high concentrations of poverty also have higher rates of job competition, therefore decreasing job security for poor and minority residents.⁹⁹

HOUSING POLICY SUGGESTIONS FOR IMPROVING HEALTH

The Housing Act of 1949's goal was to provide a "decent home and a suitable living environment" for every American household.¹² Although it had good intentions, the interpretation was open to ambiguity. Current housing policies have four main goals. They are to 1) improve housing quality; 2) improve neighborhoods; 3) reduce housing costs; and 4) stabilize living situations.¹² Local housing codes have greatly decreased housing deficiencies such as broken windows, missing banisters, exposed wiring, and lead paint. These improvements help prevent housing-related injuries, illness and falls. At the federal level, housing programs must meet specific quality and safety requirements in order to receive proper funding. Federal programs that provide subsidies for rent also require that the rental homes meet quality and safety standards.

For example, in Boston, the Boston's Healthy Public Housing Initiative was created to help improve the quality of new and existing public housing. The initiative provided guidance for builders and architects on how to make housing healthier for tenants and focused on things such as asthma intervention and safety standards. Asthma interventions include air filter installation, purchase of new mattresses, intensive cleaning, integrated pest management, and family education on controlling asthma triggers.¹⁰⁰

In Seattle, a project called the High Point Healthy Homes and Community Project addressed environmental issues in public housing. The project served to redevelop a public housing project in West Seattle, Washington. The goal was to ensure that housing units throughout the development would be mixed-income, serve all ages, provide pedestrian-friendly infrastructure with parks and open spaces, and create high-quality community services. Sustainability of homes was also an important aspect of the project. The homes built included Energy Star-rated

appliances, closed-loop hydronic heating, energy-efficient windows, and dual-flush toilets.

Advanced ventilation systems and elimination of carpet and curtain materials that capture allergens was also incorporated. Studies of this project suggest that the children living in these homes experienced positive health benefits, such as increased numbers of asthma-free days, less trips to urgent care clinics, and improvements in health quality. The cost of these benefits was only \$5,000 to \$7,000 per housing unit.¹⁰¹

Theoretically, improving the housing of low-income families and neighborhoods can directly and indirectly improve health through various mechanisms. Reducing exposure to environmental toxins can prevent asthma and other respiratory illnesses; protecting children from lead exposure can lead to better lifelong health; safe and secure neighborhoods and homes can reduce violence and injuries as well as reduce stress levels; increasing amenities such as playgrounds, bike paths, and sidewalks can reduce obesity and increase social connection.¹² While policies that directly call for neighborhood improvement such as investments in playgrounds increase available amenities, low-income populations eventually are negatively affected, because as neighborhoods and amenities improve, households that are more affluent move into the neighborhoods.¹² “When investments occur in tandem with other forces, such as expansion of high-paying jobs in the surrounding region, a growing preference for particular neighborhoods by affluent households, limited renter protections or a slowdown in home building, rents and home prices can spike, leading to a dearth of affordable housing options.”¹⁰² This ultimately increases rent and home prices and drives low-income families out of their homes.¹² Researchers suggest that when considering neighborhood improvements, it is important to think about how housing affordability and low-income families will be affected.¹² Although the quality of public housing and neighborhoods has drastically improved over the past few decades, many low-income

households, especially those who do not receive housing subsidies, still suffer from inadequate and unaffordable housing, and because of this, researchers advise policymakers to focus on affordable housing policy.¹²

ChangeLab Solutions released a policy toolkit with recommendations to ameliorate the affordable housing crisis. Even if housing conditions are improved, it does not guarantee affordability for low-income populations. The strategies focus on how local government agencies can increase affordable housing options where the options are diminishing.¹⁰² Six policy areas are identified in the toolkit: preservation, protection, inclusion, revenue generation, incentives, and property acquisition. A successful strategy will include policies from all six areas. Below is a summary of the key points of the toolkit.¹⁰²

PRESERVATION

A study found that it costs 25 to 40 percent more to develop a new subsidized rental housing unit than redeveloping existing housing units. Subsidized housing developments tend to receive large subsidies to maintain housing units, so preservation policies should focus on targeting unsubsidized housing units. One way to preserve rental property affordability is to provide owners with financial property tax incentives, such as tax exemptions or abatements. This incentivizes owners of unsubsidized and subsidized rental property to maintain quality standards and keep the property affordable.

PROTECTION

Protecting residents from housing instability is necessary to ensure health and well-being. Eviction policies need to be re-examined; in some states, renters can be evicted for no reason at all even though communities have the power to adopt laws that provide renters with protection from eviction. One solution is to create “good cause” eviction policies that require owners to

demonstrate a “good cause” for eviction, like missed rent payments or intentional damage to property. Rent stabilization policies can protect renters from skyrocketing rental prices. Rent stabilization is “a form of rent regulation that specifies that once an initial rent is set for a particular unit covered by the program through a lease between the owner and a new tenant, it can increase only by a specified amount each year.” This promotes more housing stability for existing residents and helps those who are not as able to adjust to sudden rent increases, such as seniors on fixed incomes or low-income renters.¹⁰²

INCLUSION

Demand for housing is always changing as well as the structure of housing developments. To keep up with changes, policies need to be implemented that ensure equitable access to housing in the neighborhood. These policies should target low-income and racial minority populations.

Before looking at the policy suggestions for inclusion, it is important to understand the history of housing policy and racial segregation. Federal housing policies in the 1940s and 1950s mandated segregation.¹⁰³ Black families were viewed as incapable of owning homes and building wealth.¹⁰³ Two federal policies worked to racially segregate housing. One was a civilian public housing program that demolished racially integrated neighborhoods and another was a program that the government created to subsidize the development of suburbs on a condition “that they be only sold to White families and that the homes in those suburbs had deeds that prohibited resale to African-Americans.”¹⁰³ The Federal Housing Administration (FHA) also refused to give loans unless it was promised that no homes be sold to African-Americans. These were not incentives, they were mandates. In a scenario outside of Stanford University decades ago, the community wanted to build single-family homes to ameliorate the housing shortage. The

FHA refused to insure the homes created and refused funding for housing construction because the co-operative of families who wanted to build the homes had three African-American members. Eventually the co-operative had to disband due to lack of funding.¹⁰³

Today, many areas of the United States are still racially segregated and many areas contain “racially concentrated areas of affluence (or poverty)”. Racially concentrated areas of affluence (RCAAs) are “census tracts where 90 percent or more of the population is White and the median income is at least four times the federal poverty level, adjusted for the cost of living in each city.” Racially concentrated areas of poverty (RCAPs) are “census tracts where more than 50 percent of the population is non-White, and more than 40 percent live in poverty.” Large cities such as St. Louis, Boston, Baltimore, Chicago, Philadelphia, and Minneapolis have a large number of RCAAs; some researchers believe that a high number of RCAAs is a negative characteristic for cities.¹⁰⁴ Although the Fair Housing Act of 1968 attempts to create inclusive and diverse communities, racial and economic segregation still determine where Americans live. Recently, the Department of Housing and Urban Development (HUD) released a rule requiring cities and regions to evaluate fair housing in their communities. They are required to submit detailed reports about the presence of segregation and come up with detailed plans on how to fix it. Although small steps are being taken at the federal level to desegregate communities, it is important that policymakers focus on change at the local level to decrease racial segregation as well.¹⁰⁵ Affordable housing policies can greatly reduce racial segregation in neighborhoods.

One of the ways to promote inclusion and keep housing affordable is through mandatory inclusionary zoning. This is a policy that requires developers to make newly developed units affordable—typically a certain percentage of the units—to certain income levels.¹⁰² Inclusionary policies can only produce affordable housing in areas where new development is occurring and

in order to be effective, the policies must be adopted before building and development begins. These policies are typically adopted by local planning commissions and enforced by zoning boards and development review boards. The local housing department also plays a role in monitoring the affordability of the units.¹⁰² Another strategy is the use of density bonuses and other voluntary inclusionary policies. These policies allow for property owners to receive a benefit, such as the right to build more units than typically allowed at their specific location (density bonus) if they agree to make a certain amount of the units affordable to moderate-income households.¹⁰²

REVENUE GENERATION

Most of the funding for affordable housing units comes from the federal government, but jurisdictions also can provide funding for affordable housing in neighborhoods that are experiencing a rise in rent and home prices. One way to generate revenue through policy is by tax increment financing (TIF). TIF funds infrastructure and other public improvements “through anticipated increases in property taxes resulting from new investments”. For example, if a community wants to redevelop a broken downtown neighborhood and needs funding for things such as roads, sidewalks, sewage, parks, and schools, the investments are expected to generate increases in property taxes. Establishing a TIF district with specific boundaries allows a community to capture the increased property taxes which can be used to reimburse the community for the original investment or repay a loan that was used.¹⁰²

INCENTIVES

Incentives can be used to stimulate the development of affordable housing in at-risk areas. One way to create incentives is by targeting federal, state, and local housing resources. When communities want to create an affordable housing development, their first resources are

things such as HOME and Community Development Block Grants. They can also receive funding from the state, general revenue, and obligation bonds. Some communities give equal weight to applications from all areas of the community, while others give a higher preference to priority neighborhoods. To ensure funding for necessary areas, policies should develop clear guidelines that prioritize these neighborhoods for funding. Local and state tax incentives can also be used to meet affordable housing goals. Tax incentives such as providing a lower property tax rate or freezing a property's assessed value keep housing developments affordable.

PROPERTY ACQUISITION

Gaining control of sites for development at affordable prices is a common obstacle for the housing industry. To help developers acquire property for affordable housing, publicly owned land can be made available to them. “By focusing on expanding affordable housing opportunities on land owned by public agencies within the city—including land owned by public hospital corporations, police and fire departments, school boards, and other administrative entities—communities can avoid paying the high costs of acquiring land in the private market.”¹⁰² Property acquisition funds can also be an effective strategy. Because affordable housing developers often have few sources of funding with which to purchase property, some communities have set up funds to assist with purchasing and holding properties for them. One approach is a “revolving loan fund” that provides loans with low-interest rates to nonprofit organizations so they can acquire property.¹⁰²

CONCLUSION

Health disparities between cost-burdened renters and home owners exist, even when accounting for income and race. Housing impacts all aspects of life: physical health, mental health, emotional stability, pregnancy and birth outcomes, educational attainment, employment,

and food security. These disparities increase as the income gap between renters and homeowners increases. Residential segregation by race is a problem rooted in history and exacerbated by current public policy. Public health interventions to address health disparities among renters and housing insecure populations will only be as effective as the housing policy that reinforces it. The unintended consequence of a disconnected approach to addressing health disparities is gentrification, where health interventions targeted at the housing insecure improve housing or neighborhood conditions to the extent that they attract wealthier, White residents and displace people that are housing insecure. Optimal health can only be achieved for all people by addressing the underlying conditions that drive poor health. Safe and affordable housing provides a foundation for a healthy and secure lifestyle and is a key social determinant of health.

This project is part of a Health Equity Data Analysis on Housing and Health in Richfield Minnesota made possible through funding from the Statewide Health Improvement Partnership, Minnesota Health Department 2018

BIBLIOGRAPHY

1. Hauge E (HOME L. Groundbreaking Fair Housing Settlement in Crossroads at Penn Class Action Lawsuit. <https://homelinemn.org/5577/groundbreaking-fair-housing-settlement-crossroads-penn-class-action-lawsuit/>. Published 2017. Accessed May 18, 2018.
2. Wig A. Richfield Schools project enrollment drop of 171 students. *Sun Current*. https://www.hometownsource.com/sun_current/news/education/richfield-schools-project-enrollment-drop-of-students/article_80cdda1a-9a3f-552f-ac4d-5b069810404f.html. Published January 30, 2016.
3. Otárola M, Dupuy B. A scare becomes a lesson: Richfield looks at ways to protect affordable housing. *StarTribune*. <http://www.startribune.com/a-scare-becomes-a-lesson-richfield-looks-at-ways-to-protect-affordable-housing/420680413/>. Published April 28, 2017.
4. Boston Public Health Commission. What is Health Equity? Boston Public Health Commission.
5. World Health Organization. About WHO. World Health Organization.
6. Minnesota Department of Health. *HEDA: Conducting a Health Equity Data Analysis*. Saint Paul, MN; 2017.
7. Rose K, Miller TK-N. *Healthy Communities of Opportunity: An Equity Blueprint to Address America's Housing Challenges.*; 2016.
8. U.S. Department of Housing and Urban Development. FY 2018 Income Limits Documentation System. FY 2018 Income Limits Summary. <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>. Published 2018. Accessed May 14, 2018.
9. U.S. Department of Housing and Urban development. Rental Burdens: Rethinking Affordability Measures. HUD User.
10. Wahowiak L. Healthy, safe housing linked to healthier, longer lives: Housing a social determinant of health. *Nations Health*. 2016;46(7):1-19.
11. VA Rauh, PJ Landrigian LC. Housing and health: intersection of poverty and environmental exposures. *Ann N Y Acad Sci*. 2008;1136:276-288.
12. Ingrid Gould Ellen SG. *Housing, Neighborhoods, and Children's Health.*; 2015.
13. Gundersen C, Ziliak JP. Food Insecurity and Health Outcomes. *Health Aff*. 2015;3(11):1830-1839. doi:10.1377/hlthaff.2015.0645.
14. Jeffrey Lubell, Rosalyn Crain RC. *Framing the Issues - The Positive Impacts of Affordable Housing on Health.*; 2007.
15. Evans GW, Wells NM, Moch A. Housing and Mental Health: A Review of the Evidence and a Methodological and Conceptual Critique. *J Soc Issues*. 2003;59(3):475-500. doi:10.1111/1540-4560.00074.
16. Robinson E, Adams R. *Housing Stress and the Mental Health and Wellbeing of Families.*; 2008.
17. Metropolitan Council. *Choice, Place and Opportunity: An Equity Assessment of the Twin Cities Region*. St. Paul, MN; 2014.
18. Minnesota Department of Education. *Minnesota Report Card.*; 2017.
19. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table S1701.*; 2016.
20. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table B19001.*; 2016.
21. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table S0901.*
22. Minnesota Center for Health Statistics. *Minnesota Student Survey*. St. Paul, MN; 2016.

23. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table B25008*.
24. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table S2504*.; 2016.
25. Stantec. *Rental Housing Inventory and Needs Assessment*. Richfield, MN; 2012.
<http://richfieldmn.gov/home/showdocument?id=2170>.
26. Commercial Real Estate Finance Company of America. Multifamily Property Classification.
<http://www.crefcoa.com/property-classifications.html>. Published 2018. Accessed May 15, 2018.
27. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table B25010*.
28. Urban J. *Personal Communication*.; 2018.
29. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table S2501*.
30. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table S2503*.
31. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table B25042*.
32. Minneapolis Area Association of Realtors. *Local Market Update – March 2018 Richfield*.; 2018.
<http://maar.stats.10kresearch.com/docs/lmu/x/Richfield?src=map>.
33. Mosaic Community Planning. *Addendum to the 2014 Regional AI*. Saint Paul, MN; 2017.
34. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table B25003*.
35. Buchta J, Webster M. Richfield again tops Star Tribune housing index; Little Canada makes biggest leap upward. *StarTribune*. February 2018.
36. Andrew Aurand, Dan Emmanuel, Diane Yentel EE. *The Gap: A Shortage of Affordable Homes*. Washington, D.C.; 2017.
37. United States Department of Housing and Development. *Ensuring Equitable Neighborhood Change: Gentrification Pressures on Housing Affordability*. 2016.
38. Crowley S. The Affordable Housing Crisis: Residential Mobility of Poor Families and School Mobility of Poor Children. *J Negro Educ*. 2003;72(1):22-38.
39. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table S0701*.
40. U.S. Census Bureau. *2012-2016 American Community Survey 5-Year Estimates, Table DP04*.
41. Shana Pribesh DBD. Why are Residential and School Moves Associated with Poor School Performance? *Demography*. 1999;36(4):521-534.
42. C. Jack Tucker, Jonathan Marx LL. “Moving On”: Residential Mobility and Children’s School Lives. *Sociol Educ*. 1998;71(2):111-129.
43. Desmond M, An W, Winkler R, Ferriss T. Evicting Children. *Soc Forces*. 2013;92(1):303-327.
44. Centers for Disease Control and Prevention. *Minnesota Behavioral Risk Factor Surveillance System*.; 2016.
45. Ganesh B, Scally CP, Skopec L, Zhu J. *The Relationship between Housing and Asthma among School-Age Children: Analysis of the 2015 American Housing Survey*. Washington, D.C.; 2017.
46. *Current and Prospective Scope of Hunger and Food Security in America: A Review of Current Research*. Research Triangle Park, NC; 2014.
47. Minnesota Department of Health. *BRFSS Data Update: 2016 Obesity Rates (Video Webinar)*. St. Paul, MN; 2016.
48. David R. Williams CC. Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health. *Public Health Rep*. 2001;116.
49. National Low Income Housing Coalition. Two-Bedroom Housing Wage by Zip Code. Out of Reach.
50. HousingLink. 2014 Analysis of Impediments To Fair Housing Choice : Has Your Right To Fair Housing Been. 2014;55405(612).
51. Pfeiffer D. Rental Housing Assistance and Health: Evidence from the Survey of Income and Program Participation. *Hous Policy Debate*. 2017.
52. Eliot J. The three housing problems that most affect your health. *The Guardian*. August 2014.

53. Epstein RA. The Affordable Housing Crisis. Hoover Institution.
54. Taddonio P. The Affordable Housing Crisis: More Demand, Less Supply. PBS Frontline.
55. The health problems associated with poor housing and home conditions, inadequate water supplies, flooding, poor sanitation, and water pollution.
56. Krieger J, Higgins DL. Housing and health: Time again for public health action. *Am J Public Health*. 2002;92(5):758-768. doi:10.2105/AJPH.92.5.758.
57. Goldstein I, Reed C, Swanson M, Jacobson J. Aeroallergens in New York inner-city apartments of asthmatics. *Exp Suppl*. 1987;51:133-138.
58. Beck A, Huang B, Chundur R, Kahn R. Housing code violation density associated with emergency department and hospital use by children with asthma. *Health Aff*. 2014;33(11):1993-2002. doi:10.1377/hlthaff.2014.0496.
59. David Jacobs, Robert Clickner, Joey Zhou, Susan Viet, David Marker, John Rogers, Darryl Zeldin, Pamela Broene WF. The prevalence of lead-based paint hazards in U.S. housing. *Environ Heal Perspect*. 2002;110(10):A599-A606.
60. Childhood Lead Exposure. Minnesota Department of Health.
61. Alt K. Home Accident Statistics: Is Your Home as Safe as You Think? A Secure Life.
62. Falls. World Health Organization.
63. Carolyn DiGuseppi, David E. Jacobs, Kieran J. Phelan, Angela Mickalide DO. Housing Interventions and Control of Injury-Related Structural Deficiencies: A Review of the Evidence. *J Public Heal Manag Pract*. 2010;16(5):S34-S43.
64. Sedigheh Noughjah, Sharareh R. Niakan Kalhori AS. Risk factors of Non-fatal Unintentional Home Injuries among Children under 5 Years Old; a Population-Based Study. *Emerg (Tehran)*. 2017;5(1).
65. JA Dal Santo, RM Goodman, D Glik KJ. Childhood unintentional injuries: factors predicting injury risk among preschoolers. *J Pediatr Psychol*. 2004;29(4):273-283.
66. Andrea Gielen, Wendy Shields, Eileen McDonald, Shannon Frattaroli, David Bishai XM. Home Safety and Low-Income Urban Housing Quality. *Pediatrics*. 2012;130(6).
67. Walker L. Tenant complaints often go unreported, unheard. Lawrence Journal-World.
68. Bachelder AE, Stewart KM, Felix HC, Sealy N. Health Complaints Associated with Poor Rental Housing Conditions in Arkansas: The Only State without a Landlord's Implied Warranty of Habitability. *Front Public Heal*. 2016;4(263). doi:10.3389/fpubh.2016.00263.
69. Deborah A. Cohen, Karen Mason, Ariane Bedimo, Richard Scribner, Victoria Basolo TF. Neighborhood Physical Conditions and Health. *Am J Public Health*. 2003;93(3):467-471.
70. Tama Leventhal JB-G. Moving to Opportunity: an Experimental Study of Neighborhood Effects on Mental Health. *Am J Public Health*. 2003;93(9).
71. Coley RL, Lynch AD, Kull M. *Poor Quality Housing Is Tied to Children's Emotional and Behavioral Problems*. Chicago, Illinois; 2013.
72. Carol S. Aneshensel CAS. The Neighborhood Context of Adolescent Mental Health. *J Health Soc Behav*. 1996;37(4).
73. Bashir SA. Home is Where the Harm Is: Inadequate Housing as a Public Health Crisis. *Am J Public Heal*. 2002;92(5):733-738.
74. McCorkindale W. House overcrowding disease fears. *Fairfax New Zealand Limited*. June 2013.
75. *Housing Conditions That Serve as Risk Factors for Tuberculosis Infection and Disease*.; 2007.
76. Lienhardt C. *From Exposure to Disease: The Role of Environmental Factors in Susceptibility to and Development of Tuberculosis*.; 2001.
77. Wells N, Evans G, Beavis A, Ong A. Early childhood poverty, cumulative risk exposure, and body mass index trajectories through young adulthood. *Am J Public Health*. 2010;100(12):2507-2512. doi:10.2105/AJPH.2009.184291.

78. *Current Housing Reports, Series H150/15*. Washington, D.C.; 2015.
79. Paula Braveman, Mercedes Dekker, Susan Egerter, Tabashir Sadegh-Nobari CP. *Exploring the Social Determinants of Health: Housing and Health*.; 2011.
80. U.S. Lacks Housing for 7.2 Million Lowest Income Renters. National Low Income Housing Coalition.
81. James Kirby TK. Access to Health Care: Does Neighborhood Residential Instability Matter? *J Health Soc Behav*. 2006;47:142-155.
82. U.S. Census Bureau. Data. 2016.
83. *Social Benefits of Homeownership and Stable Housing*.; 2012.
84. U.S. Census Bureau. 2016.
85. Ramsey County. Fair Housing Implementation Council. Ramsey County.
86. Feinberg E, Trejo B, Sullivan B, Ferreira-Cesar Suarez Z. Healthy Start in Housing: A Case Study of a Public Health and Housing Partnership to Improve Birth Outcomes. *Cityscape A J Policy Dev Res*. 2014;16(1):141-164.
87. Larrieux C, Grigorescu V, Bouraoui Y, Miller K, Paterson D. The Experience of Stressful Life Events in Pregnant Women. *MI PRAMS Delivery*. April 2004.
88. Richards R, Merrill RM, Baksh L. Health Behaviors and Infant Health Outcomes in Homeless Pregnant Women in the United States. *J Pediatr*. 2011;128(3):438-446.
89. Carrion B V., Earnshaw VA, Kershaw T, et al. Housing Instability and Birth Weight among Young Urban Mothers. *J Urban Heal*. 2014;92(1):1-9. doi:10.1007/s11524-014-9913-4.
90. Healthy People 2010. Social Determinants of Health. Healthy People.
91. Mary Cunningham GM. *Housing as a Platform for Improving Education Outcomes among Low-Income Children*.; 2012.
92. Thomas J. Kane, Douglas O. Staiger SKR. *School Quality, Neighborhoods, and Housing Prices: The IMpacts of School Desegregation*. Cambridge, Massachusetts; 2005.
93. Jason Bedrick LMB. Breaking the Link Between Home Prices and School Quality. *Polit Mag*. September 2015.
94. Gersema E. Neighborhood segregation is driven by income inequality, choice of school districts. *USC News*. May 2016.
95. Yoshinaga K, Kamenetz A. Race, School Ratings And Real Estate: A “Legal Gray Area.” NPR.
96. *Unequal Opportunity - Perpetuating Housing Segregation in America*. Washington, D.C.; 2006.
97. Harney KR. School quality is tied to home prices in new study. But other factors may affect values. *The Washington Post*. October 2013.
98. Ordway D-M. How eviction, housing loss affects job security among the working poor. *Journalist’s Resource*. April 2016.
99. Elizabeth Kneebone NH. *The Growing Distance between People and Jobs in Metropolitan America*.; 2015.
100. Hood E. Dwelling Disparities: How Poor Housing Leads to Poor Health. *Environ Heal Perspect*. 2005;113(5):A310-A317.
101. Seattle’s High Point Redevelopment Project. U.S. Department of Housing and Urban Development.
102. Allison Albee, Rebecca Johnson JL. *Preserving, Protecting, and Expanding Affordable Housing*.; 2015.
103. Ari Shapiro RR. ‘The Color of Law’Details How U.S. Housing Policies Created Segregation. NPR. May 2017.
104. Semuels A. Where the White People Live. *The Atlantic*. 2015.
105. Semuels A. Can Better Data Help Solve America’s Housing Problems? *The Atlantic*. July 2015.

Appendix B: Multifamily Property Classification

Multifamily properties are classified into four categories based on the age of the property, the maintenance of the property and the available amenities of the property. The following Multifamily Property Classification definitions were taken directly from the website of the Commercial Real Estate Finance Company of America.²⁶

Class A Multifamily

- Generally, product built within the last 10 years
- Properties with a physical age greater than 10 years but have been substantially renovated
- High-rise product in select Central Business District may be over 20 years old
- Commands rents within the range of Class “A” rents in the submarket
- Well merchandised with landscaping, attractive rental office and/or club building
- High-end exterior and interior amenities as dictated by other Class “A” products in the market
- High quality construction with highest quality materials

Class B Multifamily

- Generally, product built within the last 20 years
- Exterior and interior amenity package is dated and less than what is offered by properties in the high end of the market
- Good quality construction with little deferred maintenance
- Commands rents within the range of Class “B” rents in the submarket

Class C Multifamily

- Generally, product built within the last 30 years
- Limited, dated exterior and interior amenity package
- Improvements show some age and deferred maintenance
- Commands rents below Class “B” rents in submarket
- Majority of appliances are “original”

Class D Multifamily

- Generally, product over 30 years old, worn properties, operationally more transient, situated in fringe or mediocre locations
- Shorter remaining economic lives for the system components
- No amenity package offered
- Marginal construction quality and condition
- Lower side of the market unit rent range, coupled with intensive use of the property (turnover and density of use) combine to constrain budget for operations

Appendix C: Focus Group Analysis

Focus groups were conducted to collect qualitative data from tenants that were directly experiencing the conditions of renting in Richfield. Participants shared a number of factors that influenced their decision to live in their current home, issues caused by rent burden, experiences with housing insecurity and mobility, described the poor conditions of their rental units and buildings, and talked about how all of these housing issues impact their overall health and well-being. Some groups shared experiences that were unique to their own population. For example, Latinos brought up issues caused by language barrier and immigration status and school workers discussed how a student's housing situation can impact their school success and child development.

Theme 1: Poor living conditions, housing insecurity and mobility, and rent burden negatively impact the health of adults, children, and the community

Participants shared how **poor housing conditions, such as dirty carpets, mold, pests (bed bugs, cockroaches, mice), second-hand smoke and broken appliances cause or exacerbate physical health conditions**. Many participants mentioned themselves or their kids having asthma and/or allergies. Dirty carpets that are often not cleaned for years cause rashes. Dirty carpets and pests that carry disease are health hazards for children. One resident reported that her bathroom is so dirty that she cannot use it to bathe which affects her wellbeing:

"I think for health, we need to be clean. For example, my bathroom is very bad. It has been 3 or 4 years and I cannot take a bath. No matter how much I clean, it's still dirty. I complained, and they only used glue [to fix the bathtub] but then it unglues."

Someone else mentioned that in buildings with high occupancy, when one person gets sick, the illness quickly spreads to other tenants. School staff provided a lot of input on how they see poor living conditions affecting the health and well-being of students. It is noticeable when a student is living in inadequate conditions. They come to school with rashes, bed bug bites, and look more disheveled. A school social worker said:

"If a child lives in a house that's clean, and nice, and free of stuff on the walls and carpets, they can be healthy. It can affect the child's health negatively if there's old carpeting from years that can have mites in there or stuff that's in the walls, or even the molds... If they don't have a house that's up to date it might be bad on their health."

In multi-unit apartments, second-hand smoke can be an issue for tenants including smoke-free buildings when the policy is not enforced. Several tenants mentioned this:

"There are still a lot of people that smoke in their apartments. But for me, you talked about the health impact. When I moved in, it wasn't really an issue. I'd smell smoke in my apartment sometimes, but it was never really bad. But it can trigger a migraine for me. Once they made it no smoking, then apparently people were smoking near their exhaust things to pull it up. Then it was coming into my apartment causing migraines, so it was worse."

"I don't like my apartment because my neighbor . . . smokes a lot of weed. It bothers me, I get headaches, police shows up and they don't do anything."

"I had to [move here] because I could not find a place to move and also it's closer to transit because I do not drive. But it's very dirty, they do not clean the halls, you call them two or three times and they do not come to fix things. Everything is dirty, garbage

dumps are very ugly and they throw away many things that they shouldn't, they smoke a lot."

When groups were asked about how their health would be impacted if their ideal housing conditions were met, participants said that living in their ideal home would reduce stress and make them feel happy, motivated stable and safe.

Senior renters also mentioned that many apartments are not fully accessible for the disabled. If apartments are made for the people with disabilities, they are not always "zero threshold," meaning that something such as a shower is not fully accessible to those in wheelchairs. This puts these residents at higher risk for falls and injuries.

Participants discussed how **adequate and affordable housing sets the foundation for a healthy community**. The health impact of inadequate and unaffordable housing is not limited to affecting renters. Adults, children, and the community feel the effects too. As one participant said,

"Everybody. Families, the community, the city, the services for the families, people that work at schools. Anybody who is trying to have the best businesses... I mean [...] the population disappears when an apartment decides to close or change ownerships or change all the rules. That affects everybody in the city."

Renters described how **financial strain and rent burden has a strong negative impact on their mental, emotional, and physical health**. The word "stress" was constantly echoed when talking about this subject. Participants shared common sentiments that they are unable to buy healthy food or spend money on other things that would improve their health, such as having health insurance, going to the doctor, seeking mental health help, or going to the gym. One participant said,

"You can't buy healthy food because it's more expensive and you deteriorate your health. So a lot of it is displaced right out of the larger sum of your check. If rent can be reduced to some degree where you're not paying 75 percent income on rent, you'll be able to do all other things for your health."

"If you don't pay your rent, everything else falls apart because you're going to lose the roof over your head, which causes stress which leads to [possible] homelessness and more stress. If you're working, it's hard to go to work and focus on your job because you are focusing on your home life. Having that foundation of a roof over your head unfortunately controls your whole being most of the time."

Some residents who have chronic illness like diabetes or high blood pressure are not always able to afford equipment to treat their conditions.

"Just one of my son's asthma pumps cost hundreds of dollars and the stress of, 'I really hope he doesn't lose this and I have to send it with him and to his father's house.' All the stress over one inhaler. It shouldn't be that way."

Some participants also mentioned that a common story they hear is that in order to pay rent, people stay in abusive relationships in order to receive that partner's portion of the rent.

"So then on one hand, they'll say, 'you need to leave that man. He's abusive. He's this and that.' But then on the other hand, there's no one there to help and support like you've been getting. And it's not like anyone is stupid and just sits there, it's hard to figure out how to fix this over here. And yeah, I got up and left after 10, 15, 17 years,

but... I swear I thought I was super woman. I worked, cooked, cleaned. I could do all of that. I didn't know what was in store for me. So I was homeless for about 8 months. . ."

Another health-related topic that was mentioned, especially from school staff and senior renters, was the **importance of having a community and sense of belonging**. Participants talked about how they want to feel like they belong to a community and have a social network. "Feeling like they belong" would improve their overall mental health and feeling of safety and stability. School staff discussed how important having a sense of belonging is for children and they discussed how high mobility rates take a toll on their students. These students have higher levels of stress and are unable to focus in school. One school social worker said:

"I think I'd say housing is a very important factor in the life of a kid, because housing gives them stability. They need to have stability to be able to function in school, to be able to study, and to be able to have a happy life. If they do not have stability or they don't have a place where they belong, that kid does not function in school or any place. So I think that housing is very important for a kid. It plays all those factors, all the roles we just mentioned. If a kid does not have that, these factors do not align with the kid."

On the other hand, participants from the subsidized housing focus group, who all live in the same building, expressed that they do have a sense of belonging where they live and really appreciate the community they have built within the building. Having a sense of belonging has improved their quality of life, as it provides them with safety and stability knowing that others are concerned for them. The building they live in is for senior citizens and those with mental and physical disabilities. Participants described in great detail how their fellow neighbors help each other out. For example, they help guide their neighbors to necessary resources like food shelves and social services. As one woman said,

"If I reach out and help somebody [here], I know that they will give me good information if I need it, too. [...] I know most people in the building do this."

Theme 2: Insecurity and mobility of low-income renters is often caused by factors out of their control.

The largest issue that participants brought up for causes of their housing insecurity and mobility was **lack of available, adequate, and affordable housing**. The majority of participants expressed how much they like the city of Richfield, but say that the lack of available housing makes living in the city difficult.

"We love the city of Richfield. We don't really want to move out of the city, but we do want to move out of our apartment, but it's really hard because there aren't that many apartments," one woman said about her situation. Another woman said, *"We moved where we are because we have 4 children, and in any other place they wouldn't take us except where I am staying now. The rent was not very expensive, but now we want to move out, and it's hard. Things have gotten worse."*

Many of the available housing units are very expensive or have too many requirements, such as a social security number, high credit score, or high deposit.

"You need to be employed and earning double than what the rent is. My rent was \$800 and they wanted me to make over \$2000 per month, which sounded impossible," one woman said.

The units that are available are often in poor condition or are in bad neighborhoods. Some participants brought up the issue of having too many children, and therefore they exceeded occupancy limits for certain apartments. This makes it even more difficult to find adequate and affordable housing, as bigger units are more expensive and hard to come by. Many residents resort to squeezing their children into a 2-bedroom apartment.

“The reality is that there are no offers. I mean there’s not enough 2-bedroom apartments available in Richfield. 3-bedroom apartments in Richfield—there is not enough. That’s where you can see both sides. That if a landlord says, ‘well if these bedrooms are 1-bedroom, they should have this amount of people.’ Well if you double that then there is more showers, there is more humidity. It’s a vicious cycle and that’s why if we want to keep our schools, our communities, offer that. What kind of community do you want to have here in Richfield? Do you want a community of working families? Do you want elite single-owner homes? That’s going to take down the schools. That’s going to take down any services. If we want to have quality schools and have all these things, we have to provide for it. We can’t just look to the other side when it doesn’t suit us. If there is no offer, then that’s what you’re going to have.”

Participants said that not only is there a lack of affordable and low-income housing, **but there is a lack of accessible housing for the disabled and lack of single-family homes.** Senior participants noted that it is difficult to find zero threshold homes and apartments.

When discussing reasons for why they have had to move or were evicted from previous rental units, many participants shared stories about **being kicked out due to poor conditions of their rental unit.** Oftentimes, these conditions were exacerbated by management’s poor maintenance of the building, such as not cleaning carpets or not repairing windows. Some participants expressed that management would get mad if they reported too many things, and would threaten to evict them. Someone’s manager once said to them, “next time a similar situation takes place, I will evict you.” One participant who was evicted due to bed bugs said:

“I had been living there for 14 years already; they never washed the carpet. The bed bugs were under the carpet. An inspector came by and gave a letter stating I needed to vacate in 3 months, and I asked them to move me to another apartment but they declined, stating I would infect other apartments.”

Another common cause of housing insecurity and increased mobility was **changes in management.** Many participants lived in buildings that underwent sudden changes in management—often without notice—which resulted in changes in requirements to live in the building. Requirement changes frequently mentioned include a need for a higher credit score, immigration status (social security number), and higher deposits or rent. A Latino renter said,

“All of a sudden, the apartment management changes owners, and they come and say, ‘if you don’t have a social security number, you’re out.’” Another participant said, *“That is the double-edged sword to that. The more managers crack down on the rules, then less places for other people to live. It goes both ways.”* Some participants were kicked out because management decided to remodel their building. One person shared:

“We got a letter stating they were going to kick some people out because they were going to remodel the building. So we had to start looking for apartments because we were concerned they would start checking for our social security number. We did not get accepted anywhere because I have 3 daughters, and they only accepted 1 kid. In the

place where I am currently staying, they accepted more kids, but it was very hard to find somewhere.”

A school social worker said that for her students with high mobility rates, *“Immigration is a really big instability piece for a lot of the families. When I think of the HHM (Heading Home Minnesota – initiative to end homelessness) list, they are primarily Latino families.”*

Theme 3: Despite budgeting, working multiple jobs or overtime, and making other sacrifices, renters continue to be rent burdened and struggle to pay rent on time. Paying rent often means forgoing other basic necessities.

Participants emphasized **the importance of budgeting when managing their finances. Even though the majority of participants work long hours, overtime, or even have multiple jobs, rent still consumes a large portion of their income.** Rent is their highest priority.

“It’s the basis before I can even think of anything else, but it takes most of my check, which could cause stress. You know, of trying to figure out things and not even knowing the correct places to get the help.”

One whole focus group stated that 75 percent of their income goes towards rent, thus they live paycheck to paycheck. Budgeting often means forgoing basic necessities, such as food, transportation, healthcare, and medical supplies.

“With two kids in college, we basically do live paycheck to paycheck. And actually, I need groceries right now and rent is due next week, so I’m going to have to think seriously about what I can and cannot buy, because in our situation all of our bills are due between the 1st and 10th of the month, so that time is very stressful. Not going to lie, there are some weeks where we won’t have milk for three days because we haven’t gotten paid yet. And no one should live like that! I feel like a terrible mom because my kids aren’t getting milk. That’s not the way it should be. [crying]”

Some participants discussed the **cycle of poverty** they or their peers have experienced. Richfield has a program called Kids @ Home that provides rental assistance to low-income families that meet specific criteria. It can be *“transformational for families”* and helps participants get back on their feet financially. Although Richfield does provide a great service like this to help families pay rent, there are still gaps in helping those who face financial burden. A participant in the Kids @ Home program describes this phenomenon:

“And when you start making more money to get out from under the poverty level, then resources are taken away from you because you’re making too much, but you’re not making enough to really supplement everything. Now you have to pay for healthcare and it’s astonishing how much the rates are! Just one of my son’s asthma pumps costs hundreds of dollars and the stress of, ‘I really hope he doesn’t lose this,’ and I have to send it with him and to his father’s house. All the stress over one inhaler! It shouldn’t be that way.”

Other sacrifices that were discussed in order to pay rent were staying in abusive relationships and sacrificing time spent with their children.

“Having to stay with a significant other just to make sure you have enough—that you have their income also—to help pay rent and groceries and childcare. You need that

other income even though the relationship isn't healthy. You need everything else in order to survive."

Another common topic brought up for rent burden was **families doubling up in small apartments in order to pay rent**. Exceeding occupancy limits not only impacts health, but also puts tenants at risk of being evicted or getting charged extra fees if they are caught by management.

Theme 4: Renters are stuck living in poor and inadequate living conditions even after making reports to management and requesting repairs. Management has become less responsive over the years.

When asked about the conditions they live in, the majority of participants mentioned having **pests (mice, cockroaches, bed bugs), mold, dirty and rarely washed carpets, broken appliances, and poor building infrastructure**. They said it is difficult to report to management, and when they do, their concerns and requests are unaddressed or only temporarily fixed. Management may even blame tenants for the broken appliances. One participant said,

"One day I reported the electric stove. My son is the one who helps me interpret, and they told me not to cook heavy meals. I told them they have no right to tell me what to cook. I do get concerned about the stove because it sparks a lot."

Other things participants complained about regarding broken appliances include fans that turn on by themselves in the middle of the night, bathtubs falling apart, cockroaches coming out of the sink, and outdated kitchen appliances. If management does agree to fix broken appliances or provide other cleaning services, they charge extra fees.

"Things have gotten worse. For example, my toilet broke down and they charged me almost \$300. My doorknob stopped working and they charged us \$200. The refrigerator would freeze all of our vegetables. It has almost been a year; they come and supposedly fix it, but they actually don't. They don't give a lot of maintenance in this building. I want to move out, but it's been difficult. It's very stressful and I get very upset!"

One of the largest complaints participants mentioned was **dirty carpeting**. Many people said that their carpets are not washed once a year. Some even said that in all of their years living in their apartment, they have never had management come and clean their carpets. This has exacerbated asthma and allergy symptoms for people and encourages pests to come around.

"For me, I have 4 children. They all have asthma. One of them has a lot of allergies. I've been there for 7 years. They never want to wash the carpet. I have asked them to take it off. We have lots of rodents, and my children get a lot of rashes due to the carpet. A guy showed up to my house similar to this. He worked with asthma. I had a lot of mold because I have big windows and all of the humidity gets in. The air has a lot of dust. Everything is rusted. The bathtub is falling apart but I don't want to report it because they will charge me for everything."

In response to reports of bed bugs, cockroaches, or mice, **management may try to eliminate the pests by fumigation or using chemicals, but oftentimes the chemicals they use are not strong enough or they do not do enough treatments to eliminate the problem completely**. Some people mentioned getting cats to eliminate mice themselves after management failed to respond, and then they would get fined for having cats.

“I had bed bugs, and they evicted me due to the bed bugs. I was there for 4 years living with bed bugs. My children would get rashes. They heated up my apartment 3 times, but they would not die. I had been living there for 14 years already and they never washed the carpet. The bed bugs were under the carpet. An inspector came by and gave a letter stating I needed to vacate in 3 months, and I asked them to move me to another apartment but they declined and said I would infect other apartments.”

Participants also mentioned many scenarios where management only came in and did quick fixes.

“When they’re hiring these people to come through homes, they aren’t doing what they’re supposed to do. Because my cousin went through my house to put steel wall in, and where the holes were supposed to be, there was none. That means that whatever you’re paying for these people to come out and do stuff, they aren’t doing it. You think they’re fixing things, but they are doing absolutely nothing.”

Management is more likely to respond if they are threatened to be reported to the city:

“In my previous apartment they wouldn’t fix anything, but one time I told them if they didn’t address my situation, I would report it with the city. In two days they fixed my window.”

Theme 5: Child development and school success is negatively affected by housing insecurity and mobility.

Participants who talked about their children all talked about how their kids were negatively impacted by housing insecurity and frequent mobility. Participants stated that frequent moves take an emotional toll on children as they have to constantly make new friends and adjust to new environments. Academic performance is also negatively affected as students change school districts. Participants reported that one of the biggest factors for trying to find housing in Richfield is that, although it is difficult, they want to keep their children in the school district.

“What stops me from moving out is my children who are in school. But staying here is not due to the rent price. I know people who live in Bloomington and their apartment [is cleaner]. Every year they renew the [Bloomington] apartment, they wash the carpets, and the rent is cheaper as well. I don’t want to leave [Richfield] due to the schools. I don’t want to interrupt their schooling.”

School staff talked about how parents of their students try to the best of their abilities to ensure that their children are able to stay in the school district. **Parents go through great lengths to try to drive their children to school**, and if they are unable to do so, Richfield Public Schools provides transportation for homeless and housing insecure children in order to help students finish their academic year. School staff said that if a child does have to leave the district due to their housing situation, they do end up returning if they are able to find housing.

School staff members also discussed the importance of stability in a child’s life and its relationship to school performance. All agreed that the **stress of moving can impact mental health, make it more difficult to focus in school, and decrease overall school performance**. Children are not able to reach their full potential, and school staff have seen many cases of intelligent students struggling in school due to housing and financial issues. A school social worker shared a story of a homeless student who

appeared to have a learning disability, but it was difficult to determine whether or not she actually had a disability or if her academic performance was interrupted due to her situation:

"I have a situation with a 2nd grader who is new to us who came later in the school year. She came in October of this year and has had a history of being homeless and is currently considered homeless. They are living in someone's basement right now—renting from them. This girl is at a beginning Kindergarten level as a 2nd grader. One of the main factors is that she has missed so much school being homeless, and so it is hard to figure out if it is a true disability or not. [...] we are trying to contact dad and we're having a hard time getting a hold of him because the number is on and off and he can get calls but can't call us back. A lot of different factors and she is just chronically absent and she is chronically ill as well. I think one of the factors of being chronically ill, because there is no diagnosis or asthma or anything like that, is just that she probably doesn't have access to appropriate food, healthcare, preventative care."

School staff talked about how housing insecurity and rent burden **greatly impact the day-to-day life of a child.**

"Sometimes there are signs. You see a kid that's starting to come and doesn't look as well-kept as usual. You know, shower or... so you start kind of wondering, and you know. When we get that phone call, that's what comes up."

School employees reported that it can be very apparent when a child is going through a tough situation at home. Students may come in looking more disheveled or they come to school very hungry. Their mental and physical health may also decline. Later, school attendance may decline.

"I notice at lunch sometimes kids won't have lunch. If their parents haven't filled out a free and reduced lunch form, they don't get the same lunch we would give to them. [...] we had a student the other day who was going and eating other peoples' food. He'd ask them, but they don't want to say no to him so they give it and then they're upset because someone takes 1 of their 3 chicken nuggets. They're explosive or upset, but they still take it. You can see the ripple effect. Not just because they're hungry, but because it's their main meal for the day, so don't touch it. I noticed that a couple of kids, when there is leftover stuff at lunch, they will stick it in their pocket."

The housing situation of students also **influences the focus of their peers.**

"If they have friends, they'll tell—at the high school level, I mean. A lot of friends talk together and taking on the stress of your friends is very common amongst teenagers. They are so anxious to be friends and be there for each other, but that stress gets passed onto their friends, as well. Like when my one student, who already has diagnosed anxiety issues and stuff, and when she's having a bad day, it will affect close friends, too. They'll want to sit out in the hallway with her and comfort her, and then they miss class and miss their own stuff that they need to be doing."

School staff discussed how there is **a lack of understanding and empathy for students who are in these difficult situations.** They believe that schools should work with these students to improve their overall wellbeing and improve academic outcomes.

"Mobility affects graduation rates. We have a lot to show! I mean, many times I think that if many of our kids are at school more or less every day, more or less stressed, more or less awake, and more or less safe, hallelujah! And then with that, go and graduate

and get A's because that's what's expected. It's like, well the schools are putting so much effort in covering all of these basic things that may be we have to worry so many times more about the wellbeing of that student more than that A, and then it becomes, 'what is more important?' Many studies show that good socialization turns into better jobs in the future. Better social skills show that this kid is going to be more successful. How are you going to have social skills because you're locked in your apartment because mom is afraid of you going outside or mom has to work two jobs to provide?"

They said that some teachers care too much on attendance policies and grades instead of caring about why a student is unable to focus.

"Not all teachers [get it]. They sometimes just assume the student is being lazy or slacking off in class. But it's like, 'no... she has a lot of stuff on her mind.' Honestly, it's impressive that [students] even come to school in [their] situations."

The situation is even more difficult at the high school level:

"I think the high school has a major disadvantage. Not just Richfield, but the high school system and credit system. At the middle school, we can say that just the fact that kids are coming to school is what we want right now, and so grades can be secondary. They can fail and then move on. But you go to the credit system and there is no flexibility."

"There is this attendance expectation that you shouldn't miss more than 10 days in an 18-week class. 10 days is pretty quickly eaten up if you're upset. In the first hour of class, it's basically a goner if you don't come to school on time or if you're not emotionally ready to listen, either."

Theme 6: In addition to the issues and concerns other renters experience, Latino renters also face unique problems. Latino renters feel they are taken advantage of by management due to language barriers and discrimination.

Latino participants shared the unique experiences and challenges they have with finding housing and dealing with management. They mentioned many of the same issues that other groups did, but they also deal with **issues of discrimination and language barriers. Participants shared how immigration status makes finding and staying in housing difficult. Reporting problems to management is also more difficult.** Residents who do not have a social security number are sometimes charged double the deposit, have increased rent, or pay double the down payment when trying to buy a home.

"I have an acquaintance who wanted to buy a house, and they told her, 'because of your status, you can buy but you have to pay a lot more.'"

Some participants also reported that management **imposed stricter rules on Latino renters than non-Latino renters.** For example, a woman shared a story of being forced to get rid of her dog, which made her child very upset. They saw that a non-Latino neighbor was allowed to have a dog and management never said anything about it.

"Recently an American lady got a dog and would walk around the building and down the stairs, and my son realized the situation and would tell me, 'why did they do this to me and why are they letting her keep her dog?' So I told him, 'okay, why don't you call them and report it?' So he did. He called pretending to be his dad—mostly due to language

barrier—and we put the call on speakerphone and they asked him, ‘so you are accusing someone else of having a dog?’ and he said, “yes, take it whichever way you want to, accusing or pointing a finger to this lady. They did the same to me.”

They also reported that they feel they are at a disadvantage in their housing situation due to the language barrier.

“For over a year we had to bring our 7-8 year old kids to translate [between the tenants and the landlord]. I thought it was not fair.”

Management may **act like they don’t understand tenants when they report issues, leaving their broken appliances or other issues unresolved**. A lot of participants said they have their children do the translating for them but worry that some things get lost in translation.

“To file reports, sometimes they pretend they can’t understand me. For example, the washer broke down. I would try to call and explain, or leave notes until they fixed it. I got them to fix it, but it was difficult to communicate that.”

Some Latino residents are too scared to cause any problems with neighbors or report things to management due to **fear of eviction**.

“Due to our current legal situation—and fear—we keep quiet and don’t complain about some issues. For example, I tolerated very bad behaviors from a neighbor. When he was doing his laundry and it was done, he would not remove his clothing so I used to remove it so I could wash mine. [...] One day he came knocking [on my door] really hard, so hard that the door almost opened. My first thought was that it was immigration, because who else would knock like that? I realized it was the neighbor.”

They are also too scared to report things because they tend to **have more kids than allowed** in their apartment.

“The families are afraid to push for things because they fear they will be kicked out if they complain too much or if they are seen as a problem. And the issue with how many kids are in a 1- or 2-bedroom apartment when they sign the lease. Maybe there was only one kid. If there was more than one, they’d have to move to a bigger apartment. But I mean, we’re talking about rents of \$1200 minimum for a 2-bedroom apartment in awful conditions. Awful conditions! It’s not like they look bad because they are cheap. No. they are paying full price for bad conditions.”

School staff also reported that their Latino students face unique housing insecurity issues:

“Money and immigration status. Many of them are not allowed to rent unless they have a social security number, and if they get to rent, they get to rent with someone who has a social security number or who has documentation that they are able to rent. But that is basic. If you find a landlord who is willing to say, “okay, you have the deposit; you are able to pay every month, I will rent it to you.” But, if there is a landlord that says, “no documents, no social security number, no rent,” then it is different.”

When asked if they **knew their renter rights, a vast majority of the Latino participants said they do not**. This is due to language barriers or signing leases without reading due to their urgent need for housing. Some people felt that even if they did know their rights, they would not be respected.

“The truth is that due to the necessity to get into an apartment and due to the language barrier, they tell us to sign here and we don’t even look at what we are signing. If you have bed bugs, for example, they say if there are more than 2 apartments with them, then the building will pay [to exterminate them], but if it is only you, then you have to pay half and the apartment pays for half. I did not know what I was signing. You just want to get in and get the keys. When I had bed bugs, my necessity was so bad I had to pay \$700. The owner told me they would check, but they did tell me they would pay for half. They brought me the documents I signed and yes, I signed it.”

Participant Policy Suggestions

We asked participants what they would like to see from policymakers and any suggestions that they have. Overall, they would like more affordable housing built with adequate living conditions. They would like application requirements adjusted so they are easier to meet, such as credit score or income requirements. Below are some of the ideas of the tenants:

- “Don’t just look at credit score itself versus looking at whether you’ve been evicted or have a criminal background. You want to tell me about a credit card bill that I didn’t pay 10 years ago that I don’t even remember.”
- “Most of the people who are going to own the buildings need to be *more human*, not everything about business. They have to understand that they are dealing with families, children, and their future. Give people a chance!”
- “Get licenses! Unless you’re willing to [live in that apartment yourself], don’t get a license to rent [it out]. I mean, I can say from my own experience, the point that I found myself as a single mother with 2 daughters, I wanted to find housing in Richfield that I would not be afraid for my kids—not for their health, for their safety, for nothing—I could not find anything that I could afford, and I have a full-time job. That’s a basic thing. Anybody with a less stable job, less privileges, no papers, it’s impossible to find affordable housing in the right conditions.”
- “I don’t think politicians have *any idea* of what we are seeing. They have NO idea! For instance, they look at undocumented status and those are all criminals or whatever. What we see is people working hard. We see kids coming to school, we see them treating school as a respectable institution where their child is going to learn and grow. [...] I think about giving chances to somebody. It might be a bad credit rating. Some of our families just have really bad credit ratings, but they can’t get an apartment, or if they do, it is going to be \$1500 instead of \$1200 or whatever. Maybe make an agreement, if you can pay these payments for 3 months in a row then we will take you off of probation or whatever it is.”
- “I think they need to stop building those overpriced high rises!”
- “There is a stigma associated with low-income housing. I think that different communities fight it so much, which is sad.”
- “I don’t know if Richfield has it, but something that would be nice for Richfield is scattered houses that don’t have everyone low-income in one area. Have them in different areas so that way they can blend in and maybe copy their neighbors and stuff. And maybe learn from the people around them, too.”
- “Provide life coaching. If they weren’t raised in a household where they learn to clean or take care of a property, maybe have some kind of life coach that can help them learn those skills. And then there would be more people willing to rent to low-income families.”

- “There’s so many senior high rises. I had a friend who was divorcing her husband and their son was in high school in Richfield, and she wanted to find a rental property in Richfield. It was hard for a single mom to find a rental place in Richfield because everywhere she looked it was senior high rises. And that’s one thing that I think Richfield needs to work on. [...] That’s something that’s frustrating for a lot of people, and it has been for years. Because our city is changing because there are a lot of seniors and a lot of younger families are moving in, and there’s no rental property for younger families.”
- “I would like to see more HUD buildings. I really would.”
- “I would like to see more mixed-use, where you see every class living in the same units. Not specifically just for seniors, or somebody who has got a physical disability, not specifically for someone with mental disability. Mixed-use so they feel like they are part of a community, or the community, and are not marginalized.”
- “We definitely need more HUD. For seniors there is more being built but they are definitely not HUD. On Wentworth and 77 they’re building something that looks nice but there’s no way any of us would be able to afford that.”
- “They need more group homes for young people. [...] there’s no social network for them or anything!” (This quote was made in reference to young people with developmental disabilities or mental illness living in non-supportive housing.
- [Include non-English speaking tenants in discussions about housing.] “So you can see that we also have an interest in ourselves, and for our city also, because there are meetings and I do not know, I have not gone, but I do not know, maybe we can go. But how are we going to go if they don’t invite us?”

Appendix D: Kids @ Home Program

Kids @ Home is a 48-month rent assistance program operated by the City of Richfield's Housing and Redevelopment Authority. Families receive rent assistance based on their annual income. Each year rent assistance decreases and the family's financial responsibility increases.)

Bedroom size	Year 1	Year 2	Year 3	Year 4
One	\$475	\$375	\$325	\$275
Two	\$575	\$475	\$425	\$325
Three	\$675	\$575	\$450	\$350
Four	\$775	\$675	\$525	\$400

Families must fit the criteria to enter the program and maintain these criteria to continue to receive rental assistance under the program.

Criteria for families

- Must currently be housed in rental housing in Richfield (no shared housing)
- Have a child or children in Richfield schools (K – 12)
- Child or children need to be enrolled and attend a Richfield school
- One parent (or adult in family) is employed for a minimum of 30 hours a week (paychecks stubs for 2 months of work needed to provided verification of this income)
- Not receiving any other housing assistance
- Annual income must fall at or below income guideline (50% of Area Median Income, which was \$45,200 for a family of four as of April, 2017)
- Rental payments must be current or no more than one month's total rent owed to landlord
- Families must be willing to attend nine Parent Share meetings a year (Parent Share meetings are held Thursday evenings from 6:00 p.m. to 8:00 p.m. at Hope Presbyterian Church in Richfield. Families must attend five of the Parent Share meetings by June 30 of each year and the remaining 4 must be completed by December 20 of each year)
- Families must be willing to have one home visit a year with Parent Coach (meeting must take place prior to August 31 of each year.) Parent Coach is the facilitator of the Parent Share meetings

Family must be citizens, permanent residents or have proper immigration status

Appendix E: Focus Group Design

Focus Groups were conducted with low-income renters to give voice to their experiences as renters and an opportunity to share their concerns and ideas. Focus group participants were recruited with the help of partners in the community. Participants were provided with child care if needed, a meal or snack and a gift card.

Focus groups were conducted with 45 low-income diverse renters residing in Richfield. Approximately 24% of participants were White and 76% were people of color.

Tenant Focus Groups

Location	Date	Participants	Language
Assumption Church	11/12/17	8	Spanish
Seasons Park Apartments	11/20/17	11	Spanish
Hope Presbyterian Church	11/30/17	8	English
Richfield Central Education Center	03/02/28	2	Somali
Oak Grove Lutheran Church	03/22/18	2	English
Oak Grove Lutheran Church	03/22/18	5	Spanish
Richfield Towers	03/27/18	9	English
		Total #	45

Focus group participants were asked to discuss their perceptions of the rental experience and any effects that experience may have on their health and/or the health of their children in their community of Richfield, MN. Participants responded to the following questions:

- 1) When you think about paying your rent, how does having enough money to pay rent effect your ability to buy enough healthy foods for you and your family/afford needed medicine or medical care/dental visits??
- 2) How has living in your apartment affected your health or the health of your children?
- 3) Can you share any issues you have experienced in your home such as repair problems, moisture, mold, infestations mice/cockroaches/bed bugs and your experience in trying to get the issue taken care of?
- 4) Think back to the time when circumstances forced you to move or you were afraid you might have to move. Tell me about how that situation affected you and your family.

There is a deep concern in Richfield about the effect of housing instability on the lives of Richfield students and it was suggested that focus groups be conducted with school staff that works directly with families that are experiencing housing difficulties. Focus group participants were recruited with the help of the school district. Participants were provided with a snack and gift card.

School Staff (Counselors and Cultural Liaisons) Focus Groups

Location	Date	Participants	Language
Richfield District Office (elementary)	01/12/18	4	English
Richfield District Office (secondary)	01/20/18	4	English
		Total #	8

Each focus group was conducted by a trained facilitator, note taker, and was recorded. The note taker transcribed the notes/audio recordings verbatim. Thematic analysis was used to analyze focus group data. Next, words or short phrases (“codes”) were used to label responses, and then codes were clustered into groups based on conceptual similarity to facilitate the development of themes. Analysis was conducted using NVivo 12, a computer-assisted qualitative data analysis software program.

Appendix F: Key Informant Interviews

Key Informant Interviews were conducted with City of Richfield staff, housing advocates and homelessness advocates. Key informants included the following:

- Jennifer Grinde – City of Richfield, Housing Inspector
- Pat Rigoni, RN – BPH, Asthma Program staff
- Olga Leininger – BPH, Spanish Interpreter
- Hal Pickett, - Headway Emotional Health, Director of Client services
- Megan Curran de Nieto, CLEARCorpsUSA
- Christina Gonzalez – Richfield School District, Student Support
- Blake Hopkins – AEON, Vice President of Housing Development
- Jess Nelson - Oasis for Youth, Program Manager,
- Nicole Mills – Oasis for Youth, Executive Director
- Wendy Wiegmann - Simpson Housing Services, 66 West Apartments
- Isela Gomez – Community Policing Liaison
- BJ Skoog – Youth minister, Hope Presbyterian Church
- Ben Whalen – Pastor, House of Prayer Church

Key informants were asked questions about the housing conditions they see in Richfield, the impact that housing has on the lives and health of people they serve, and what policy changes might help with housing issues. The conditions that were shared generally mirrored the themes that were shared by tenants during the focus groups.

Problems faced by renters

Environmental Conditions	Management/Maintenance Issues	Rental Requirements
Moisture/mildew	Victimization by landlords	Number of children
Faulty ventilation	Repair issues	Difficulty leaving domestic abuse situations because of fear of losing home
Secondhand smoke	Landlords charging tenants for repairs that are landlord responsibility	Strict screening (high credit score, SSN, rental history)
Pests covered by code	Fear of retribution/eviction	
Pests not covered by code (bedbugs, squirrels in vent)	Language barriers	
Overcrowding	Landlords evicting tenants who call 911 too much (use other reasons)	
	Dysfunctional smoke detectors	
Dirty carpets		

Health Impacts as a result of living conditions/difficulty paying rent

Physical Health	Mental/Behavioral Health	Access to Care
Asthma/respiratory issues	Sleep disruption	Increased emergency room use
Increased sexual health issues (UTI, STDs, HIV) and pregnancy in housing unstable young adults	Mental health issues in adults and children (toxic stress, anxiety, depression, emotional/behavioral problems, cutting)	No primary health care provider
Dental issues	Poor eating habits	No preventative or well-child physician visits
Poor general health	Increased alcohol & drug abuse	

When one key informant was asked to describe the housing conditions her clients lived in she answered this way:

“Living in basement apartments or in the basement of a home and living along the 494 strip presented the most risk for asthma and respiratory problems. Many of the apartments have old gas stoves that give off pollutants. Old windows leak, bathroom fans don’t work or worked but don’t actually exhaust, plumbing leaks, carpet over concrete wicks moisture; all of these can create moldy conditions. Cockroach infestation, mice, and old carpet that is not cleaned increase the risk. Second hand smoke is a problem even though most families do not smoke themselves. Old refrigerators that do not keep a safe temperature are a big problem.”

A number of key informants also talked about repair issues and victimization by landlords charging for repairs that are not tenant’s responsibility, especially with non-English speaking tenants.

“People were afraid to make waves but are desperate to get things fixed.”

“Another client had a squirrel living in stove vent, there were droppings all over stove. The housing inspector sided with manager saying there was no rule regarding squirrels in vents.”

“Minneapolis has inspectors that are liaisons that will come out with my staff on visits to talk to the tenants and see firsthand the issues that are faced by the tenant. Too many of the tenants are afraid to make a formal complaint. This would give Richfield inspectors a better idea of what is going on. They could be more of an advocate for the tenant.”

“I see a lot of incidents of landlords convincing tenants that they are responsible for costs of repairs or charging them for a repair that is clearly the landlord’s responsibility i.e. front door not locking to apartment or building. This has been an issue when a tenant has an order of protection and the abusive partner can easily gain access to building or apartment. Although

there is a law that landlords can't evict based on number of 911 calls, landlords often find another way to evict survivors of abuse."

"I see victimization of Hispanics because landlord know they will not complain. Hispanics often have a language barrier or don't know their rights or who to contact when they have problems. Some have withheld rent because the landlord has not fixed something but then get evicted for not paying rent. They don't know that the rent must be escrowed."

Other issues that were mentioned include difficulty in finding rental units for larger families that can lead to overcrowding, and strict screening criteria that prevents a number of tenant applications from being considered.

The major health issues resulting from housing conditions witnessed by key informants is asthma/respiratory issues resulting in increased emergency room visits.

"The biggest triggers for asthma are moisture problems and second-hand smoke."

One family I visited had a child with asthma and she tried and tried to get the landlord to fix the mold problem with no luck. She finally moved to an apartment in Edina and the symptoms disappeared."

"Kids tend to have stuffy noses because of mildew problems."

Several key informants discussed unstable housing and its effect on mental health issues in adults and children such as toxic stress, anxiety, depression, emotional/behavioral problems, cutting, sleep disruption, poor eating habits, and increased alcohol and drug abuse. One informant has seen an increase in these issues since the recession and the tight housing market.

"There has been a very large increase in anxiety and depression. Parents can't protect their children from the worry and stress. It is very disturbing to a child to see parents stressed out. They have more stomach aches, and headaches, more dysphoric worrying. . . "Am I going to lose my friends, my house, or my toys?" Sleep disruption, disruptive behavior, feeling out of control, self-harming behaviors (cutting) have all increased. Anxious kids are more prone to self-harm to manage stress and anxiety. I am seeing more and younger children with self-harming behavior."

"People are capable of functioning but the roadblock can be housing. This keeps them from keeping a job, getting kids to school etc. "Stability is one of the best treatments for mental health"

"If the housing situation was resolved in a comprehensive way, the stress and resulting mental health issues would resolve."

Unstable housing negatively affect the academic success of children. Both the stress on parents and students play a role.

"A grandma and her significant other lived in one bedroom apartment in Richfield and were doing fine. Two young grandsons [enrolled in Richfield School District] came to live with them because parents were unable to care for them. She tried for over a year to find a larger apartment that she could afford in Richfield but was unsuccessful. Three adults, and two children were in the one bedroom apartment. She and the children sought services because of the high stress. She was amazingly resourceful and caring of her grandsons. She worked hard to give them a stable environment and finally found a three bedroom apartment she could afford in

Bloomington. The children are blossoming now and have had the first successful school year in their school career. Both boys are bright and finally had the stability to thrive."

Several key informants specifically discussed unaffordable housing resulting in homelessness. The problems faced by this population are very difficult:

- No primary health care provider
- No preventative or well-child physician visits
- Poor eating habits
- Increased alcohol and drug abuse
- Increased sexual health issues (UTI, STDs, HIV) and pregnancy in housing unstable young adults
- Dental issues
- Poor general health

One advocate for the homeless said, *"Twenty percent of homeless need affordable housing and supportive services; 80% just need affordable housing and can make it on their own."*

Youth who are homeless suffer even more.

"Generational poverty leave youth without a safety net that can support them. Some leave at 18 when mom can no longer get aid for them; they feel like a burden."

"Parenting youth have a very challenging time because landlords do not want to rent to them. They are young, no rental history, low-income and they have a child(ren)."

Key informants also suggested policy/practice changes that might improve the housing situation.

- Explore ways to effectively improve tenant knowledge. There is a need for tenant education regarding tenant rights and resources. There is also a need for education on things that can improve the conditions in apartments that result from lack of tenant knowledge such as venting, changing air filters and humidifiers.
- With more funding, the City Housing Department could provide advocates for tenants (act as liaisons between tenant and landlord) to resolve repair or pest issues.
- Encourage the City Housing Department to develop collaborative relationships with other agencies that serve the same population to better understand the issues and coordinate the educational messages and available resources.
- The City can consider changing the City Code to include bedbugs and other pests that are not now covered. These pests cause increased stress and cost to tenants.
- The City can do more to support preserving NOAH through subsidy for help with cost of purchasing NOAH, and concessions in zoning for NOAH.
- Explore ways to decrease paper work burden on landlords who accept vouchers.
- Explore ways to fund comprehensive supportive housing to tenants that need it.
- Increase support for programs like Kids @ Home that assist families in keeping their children in the Richfield School District

Appendix G: Advisory Committee

An advisory committee was assembled early in the project to advise and direct the project.

The following people served in this advisory role:

- Jennifer Anderson, CHS Administrator/Support Services Manager, City of Richfield
- Lynette Chambers, Multi-Unit Housing, Section 8, City of Richfield
- Jennifer Grinde, Housing Inspector, City of Richfield
- Christine Hart, Community Action Partnership- Hennepin County
- Eric Hauge, HOME Line
- Allysen Hoberg, Richfield Planning Commission
- Ricardo Perez Gonzalez, Community Action Partnership- Hennepin County
- Lael Robertson, Housing Justice Center
- Julie Urban, Housing Specialist, City of Richfield

The advisory committee met in person at the beginning of the project and midway through the project.

The committee also reviewed the final draft of the report before it was released.