American Heart Association.

Housing Access, Affordability, and Discrimination

Position Statement of the American Heart Association

March 2024

Introduction

Housing status and location are strongly associated with health.[1,2,3,4,5] A healthy home provides safety and shelter, is well-maintained, and affordable. Being able to afford one's rent or mortgage alleviates financial stress and enables residents to afford healthier behaviors, such as eating healthy food and accessing health care services.[6] Unfortunately, people living at or near the poverty line may face numerous barriers to a healthy and affordable home.

Under-resourced communities often face discrimination in the rental and home mortgage lending markets, and disproportionately struggle to afford healthy homes in increasingly expensive housing markets. Relatedly, these residents are particularly affected by the negative health effects of living in unhealthy homes.[7,8,9] Neighborhood poverty and segregation may be associated with lower physical activity, higher stress, and subsequently higher rates of cardiovascular disease (CVD).[10,11,12,13,14,15]

The American Heart Association (AHA) supports policies that improve the fairness of the rental and home lending markets, invest in affordable housing, and ensure that all homes and neighborhoods are supportive of good physical and mental health.

Background

Those who lack access to an affordable, healthy home are more likely to suffer a variety of negative physical and mental health consequences. Individuals who face homelessness and housing instability—defined as having no permanent place of residence, struggling to pay rent or mortgage payments, living in overcrowded conditions, or moving frequently—are at high risk of poor health and quality of life.[16,17] Homelessness has a profoundly negative effect on infant and toddler development and health, including increased hospitalizations and developmental delays.[18] Similarly, renters in high foreclosure risk areas had a higher prevalence of hypertension and hypercholesterolemia, which can increase an individual's risk of CVD.[19]

A relative lack of prosperity and resource availability in rural, low-income neighborhoods composed primarily of people of color is at least partially to blame for health disparities.[20,21,22,23,24,25,26,27] Across communities and regions, health outcomes tend to worsen as segregation intensifies.[28,29] Because people of color are disproportionately affected by a number of negative health risk factors, neighborhood disparities along racial lines may not cause but rather reflect preexisting rates of disease among residents in some cases.[30] However, because discrimination in the mortgage lending market, high housing costs, and poor housing conditions persist, healthy housing is becoming increasingly out of reach for many people living in the United States.

<u>Housing Equity</u>

Access to healthy homes and neighborhoods often varies along racial and/or socioeconomic lines. Although Congress has passed a number of laws to prohibit discrimination in the housing market, discriminatory lending practices persist and disproportionately impede the ability of people of color to receive a home loan.[31]

The legacy of policies like "redlining"—the process of zoning cities to create racially-segregated neighborhoods and restrict certain populations' access to healthier neighborhoods—has had persistent and long-term negative impacts on communities of color, despite being illegal for decades.[32] Although once-redlined neighborhoods can no longer be categorically considered "hazardous" by lenders, they continue to be seen as poor or risky investments. Some of these discriminatory practices are perpetuated by the same racism that underlined policies like redlining. Others result from biases that have been deeply coded into the credit scoring system, which makes potential renters and homebuyers who live in these neighborhoods seem uncreditworthy and can drive discrimination.[33] Without access to good credit, it can be difficult, if not impossible, to rent, buy, or maintain a healthy home, and affected neighborhoods can fall more swiftly into disrepair.

Affordability

Those who have a home may also be negatively affected by the high costs of rent and maintenance. Households that spend over 30 percent of their income on housing are considered "cost burdened," yet in 2017 nearly half of households below the Federal Poverty Level (FPL) spent more than 70 percent of their income on housing costs alone.[34] Across income levels, 38.9 million U.S. families are "cost burdened," and 18.8 million households were "severely cost-burdened" spending more than 50 percent of their income on housing.[35] These high costs leave little left over in household budgets to pay for necessary health care or other determinants of good health, such as healthy food. Furthermore, without the ability to afford a healthier home, low-income renters—who generally lack control over the maintenance of their home—are more likely to live in unhealthy housing conditions that expose residents to toxins, allergens, and hazards. [36,37,38,39]

Conditions of Public and Subsidized Housing

Under federal law, public and federally-subsidized housing must be maintained in "standard housing" conditions, defined as meeting the most basic levels of safety and livability.[40] Unfortunately, unhealthy housing conditions are not uncommon among public and federally-subsidized housing, even in homes that pass inspection. Residents of these homes have reported infestations, physical safety hazards, and disease triggers in their homes.[41,42,43] Lacking adequate funding, public housing units nationwide needed a combined $45 billion in repairs as of 2010—a cost that continues to rise as conditions deteriorate.[44]

Second-hand smoke (SHS) exposure has also historically been a problem for the millions of low-income residents living in multi-unit housing. [45,46] Tobacco smoke can migrate through shared ventilation systems, unsealed cracks, and door spaces, leading to adverse health outcomes.[47] The Smoke-free Housing Rule, implemented in July 2018, should protect many of these residents from SHS exposure. [48,49] Although the new regulation is too recent to have produced measurable health impacts, prior research has demonstrated the potential for smoke-free housing policies to reduce exposure to indoor SHS, particularly in conjunction with additional smoking cessation programs.[50,51,52,53,54,55,56]

Health System Contributions

As the medical field increasingly recognizes the health impacts of homelessness and housing instability, some health systems are beginning to screen patients and connect those in need of healthy homes to housing

services. For example, patients without access to stable housing are at greater risk of CVD-related mortality and other health concerns, and often first enter the healthcare system through the emergency department (ED).[57,58,59] Because EDs rarely provide recovery or follow-up care, housing-unstable patients—who often lack primary care and who may not be able to comply with discharge instructions, such as taking medications that require refrigeration—may not fully recover and end up back in the ED.[60] Reflecting this need, some health centers have created housing units for high-need patients.[61]

AHA Position Statement on Home Ownership, Affordability, and Discrimination

The AHA has long supported efforts to empower people to adopt the healthy behaviors that help prevent and manage CVD. The AHA believes that policymakers must work to ensure that all people have equitable access to healthy, affordable homes—regardless of their race, immigration status, socioeconomic status, or buying power. To achieve this end, the AHA supports expanding access to healthy home ownership by ending discrimination in home loans and leasing, improving the conditions of public and federally-subsidized housing, increasing housing affordability, and working to integrate health and housing services for patients in need.

- ***The federal government should strengthen prohibitions on discriminatory home loan lending practices to ensure that people of all races, ethnicities, and backgrounds have access to home ownership***. Although the federal government continues to reevaluate its responsibilities regarding creating and enforcing laws around fair and equitable lending practices, more must be done to assure that lower-income and minority residents have access to appropriate credit that enables them to own healthy homes in healthy neighborhoods.
- ***State and local governments should strengthen protections for low-income renters by prohibiting discrimination based on source of income or use of housing vouchers***. Although Housing Choice Vouchers (HCV), also known as Section 8, are intended to provide low-income renters with the flexibility to choose a home that fits their needs, discrimination based on source of income, including the use of a voucher, is not illegal under federal law. Cities and states should pass laws prohibiting landlords from rejecting a potential tenant based on their source of income, including housing vouchers and other public housing assistance.
- ***The federal government should ensure that residents of federally-subsidized housing live in safe and healthy conditions***. Through the Department of Housing and Urban Development (HUD), the federal government should build capacity nationwide for more prevalent and more thorough housing inspections; enforce the legal ramifications for federally-subsidized landlords and public housing agencies who fail to maintain healthy homes for their tenants; and work with localities to create opportunities for tenants living in unhealthy conditions to move into homes that comply with code requirements.
- ***State and local governments should invest in local housing developments that promote equitable communities and long-term affordability, especially in healthy neighborhoods***. As housing prices increase nationwide, the health impacts of unaffordable housing are becoming more pronounced. Rising rent levels may leave low- and middle-income residents without healthy housing options, or even homeless. Cities and states hold the greatest power to enact direct changes in the design of local communities. Investing in the development of dedicated affordable and healthy housing units, preserving or renovating existing affordable housing, and providing residents with support to access

and stay in healthy homes are meaningful steps that cities and states should take to improve the health of their communities.

- ***The health sector should play a role in expanding access to healthy housing for homeless and housing-unstable patients, and incorporate practices that consider the conditions of patients' homes as part of their medical care and treatment.*** In addition to screening each patient for homelessness and housing instability, providers should also consider incorporating referral procedures to help connect patients to housing services. The healthcare and housing sectors should collaborate closely to ensure that people have access to stable housing that enables them to access and remain engaged in health care.
- ***Equity should be considered in all housing policies at all levels of government.*** By re-envisioning neighborhood investments and development, city and state governments can help ensure that underserved neighborhoods gain access to the services, amenities, resources, and level of upkeep from which wealthier neighborhoods already benefit. At the federal level, strengthening equal protection laws is a necessary step to promoting equitable access to healthy housing nationwide. Enabling everyone to live in homes that support their wellbeing is a positive step towards improving population health.

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