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Health Policy

Shelter from the Storm: Roles, responsibilities, and challenges in United States housing policy governance☆

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ABSTRACT

Housing is a critical social determinant of health. Housing policy not only affects health by improving housing quality, affordability, and insecurity; housing policy affects health upstream through the politics that shape housing policy design, implementation, and management. These politics, or governance strategies, determine the successes or failures of housing policy programs. This paper is an overview of challenges in housing policy governance in the United States. I examine the important relationship between housing and health, and emphasize why studying housing policy governance matters. I then present three cases of housing governance challenges in the United States, from each pathway by which housing affects health - housing quality, affordability, and insecurity. Each case corresponds to an arm of the TAPIC framework for evaluating governance (Krieger and Higgins) [1], to assess mechanisms of housing governance in each case. While housing governance has come a long way over the past century, political decentralization and the expansion of the submerged state have increased the number of political actors and policy conflict in many areas. This creates inherent challenges for improving accountability, transparency, and policy capacity. In many instances, too, reduced government accountability and transparency increases the risk of harm to the public and lessens governmental integrity.

1. Introduction

Housing is a critical social determinant of health, an upstream factor that affects health outcomes both acutely and long term in many ways. Housing quality, affordability, and housing insecurity all contribute to health issues. For example: high lead levels in housing across the United States exposed four million households with children to high lead concentrations [1,2]. Half a million of the children exposed to lead, have blood lead levels high enough to harm their intelligence, behavior, and development [1,2]. Over three million Americans experience homelessness every year [3]. Homelessness is significantly associated with increased mortality [4]. More than one-third of American households have difficulty paying for housing, associated with increased stress and subsequent increased rates of chronic disease [5,6]. From the quality of housing, to the burden of the cost of housing, individual health is significantly affected by housing [7].

When we think of public health policy, we often think of medical care, or infectious disease control. Yet, some of the most criti-

cal policies that do the most to improve population health are what we typically refer to as social services. Housing policy is one of these social services. Socioeconomic status is the fundamental cause of health disparities and is the greatest predictor of individual health outcomes [8]. Environmental health is closely related to and affected by socioeconomic status – your income and your education determine where you live, and what type of housing you live in. So, when we think of public health policy, we must begin to consider how many various policies, beyond medical care or infectious diseases, critically shape individual and population health. This paper's first goal is to impress the need to acknowledge the significant effects of housing on health, and continue research about the complex relationships between housing and health in the field of public health policy research.

Social policies affect health in two ways. First, policies affect health through goods, programs, and services that they deliver. Second, policy governance affects health in an upstream manner through the *politics* that affect how the policies are designed, implemented, and managed. These politics, or governance strategies, determine the successes or failures of social policy programs. Governance is the act of, processes involved with, or strategies employed to govern – deliver government programs or goals or implement policies, whether through government or an amalga-

mation of government or other formal or informal, networks and organizations [9]. Policies here are defined as: government statements – including bureaucratic rules or programs, and legislative laws – promulgated to guide actions towards a desired outcome(s). To improve social policy, it is imperative to not only know what is the most effective programming to improve outcomes, but to also understand the political and governing climates overseeing the policies, and their fates.

The second goal of this paper is to emphasize the importance of acknowledging and understanding the effects of governance strategies on public health policies. Public health research is rife with policy evaluations – what works best for different population or individual health outcomes. Yet, little research exists in public health disciplines, which examine the effects of governance on public health policy and practice [10]. Policies do not exist in a vacuum. The potential for policies to succeed or fail in their population health goals is directly related to the governance strategies employed to implement and manage the policies. Beyond that, governance strategies shape the potential for various policies to get on the political agenda, or not. A critical piece of public health research must be to evaluate and understand the effects of politics on public health policies, in order to improve the efficacy of these policies and further improve population health outcomes.

This paper examines challenges in housing policy governance in the United States. I examine the importance of housing for health, and consequently why studying the governance of housing policy matters. I then describe three 'mini' cases of housing governance challenges in the U.S., from each pathway that housing affects health. I enlist the TAPIC framework for evaluating governance – transparency, accountability, participation, integrity, and capacity – developed by Greer et al. [10] to observe housing policy governance in each case. TAPIC is the first framework developed for governance analysis. TAPIC was developed as a common means to, "understand and improve health systems' governance as part of broader efforts to measure and strengthen health systems" [10]. I further use the TAPIC model to analyze the complex ways in which governance affects housing policy in the United States, and highlight the value that examining the relationships between governance and public health policy brings to improving public health systems.

1.1. Housing matters for health

The ways that housing problems are governed considerably affect health outcomes [11,12]. There are three main ways that housing affects health: (A) affordability, (B) security, and (C) quality. Housing policy in the U.S. is structured around these three areas, to most effectively address critical housing needs and improve quality of life [13]. To give an accurate picture of the state of housing governance in the U.S., and its challenges, it is most appropriate to observe how these three core components of housing policy are governed.

1.1.1. (A) Housing affordability

The U.S. defines spending more than 30% of household income on housing expenses as unaffordable housing [5]. Housing affordability affects health outcomes in many ways. Mental health is perhaps the most significant [14]. Stable, affordable housing reduces stressors related to the burden of housing costs [15]. Affordable housing also reduces frequent moving in search of housing that does not strain budgets, which in turn decreases stress associated with frequent relocation. Affordable housing improves overall mental health by increasing feelings of control over an individual's environment, reducing adverse behavioral-health outcomes [16].

Expanding resources available for basic health needs is the second way that affordable housing notably improves total health [17]. When individuals do not have to worry about housing costs as a burden, they are able to make more household financial resources available to pay for other important needs such as food, healthy food options, and healthcare [6,14]. In this same regard, improving housing affordability reduces crowding or doubling-up in houses as means to save money. This further frees up vital monetary resources to use for other important services that were previously unavailable [16].

1.1.2. (B) Housing insecurity

Housing insecurity refers to the degree that persons cannot rely on consistent housing and subsequently have to worry about or experience intermittent, temporary, or long-term homelessness [18,19]. Housing insecurity differs from unaffordable housing. Housing insecurity means that individuals do not have a source of stable housing – whether due to affordability issues, housing quality, domestic violence, mental health issues or otherwise [4,20]. Housing insecurity is thus a step downstream from affordability challenges, where individuals who are housing insecure actually experience results of housing insecurity such as homelessness. Housing insecurity does not always lead to homelessness. Housing insecurity may also lead to increased crowding, or doubling-up in homes among families or friends, in order to avoid homelessness [21].

Housing insecurity severely affects health outcomes. Three million Americans experience homelessness every year [4]. Homelessness is associated with poor health outcomes, worse educational and career achievement [1,22]. Persons experiencing long-term homeless suffer disproportionately from mental illness [22–24]. Between fifty and seventy-percent of persons experiencing long-term homeless suffer from a substance use disorder; many of them concurrently live with severe mental illness [25,26]. Untreated mental illness perpetuates homelessness [4]. Homelessness also comes at a price to society in the form of uncompensated medical care, social services, criminalization and incarceration [27]. The negative effects of homelessness on health outcomes can be reversed by increasing housing affordability programs and supportive housing programs which provide housing and medical services for homeless persons with severe mental illness, chronic medical conditions, or other disabilities [7].

Although homelessness is decreasing overall, the number of persons experiencing unstable housing – intermittent homelessness, doubling-up, couch surfing, etc. – has increased, particularly among Native Americans and other ethnic minority groups [28–31]. The effects of doubling-up on health outcomes are just as significant and measurable as the effects of homelessness, on health [4]. Household-overcrowding is associated with high rates of infections, adverse mental health outcomes, and increased food insecurity among low-income families with children [32].

1.1.3. (C) Housing quality

Finally, housing quality affects health outcomes. Housing quality pertains to the *physical* housing environment, and how the quality of that environment interacts with health needs, directly and indirectly. First, the physical properties of housing directly affect health. Examples of critical, physical housing-related health risks include: illness and deaths from temperature extremes; respiratory and cardiovascular diseases from indoor air pollutants and dampness; increased spread of communicable diseases such as tuberculosis because of poor living conditions and restricted ventilation, and risks of home injuries [33,34]. Secondly, poor quality housing affects lifestyle and mental health. This includes secondary effects from physical housing-related health risks on sleep, performance in school or at work, and on indicators of depression [35].