Written Remarks

To the

Select Committee on Social Determinants of Children's Well-Being

An Informational Hearing about Housing Challenges and Their Impact on the Well-Being of Children

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Senator Mitchell and other members of the Select Committee on Social Determinants of Children's Well-Being. Thank you for inviting me to come and speak with you today. My name is Dr. Margot Kushel and I am a Professor of Medicine at the University of California, San Francisco and the Director of the UCSF Center for Vulnerable Populations. I am a practicing general internist at Zuckerberg San Francisco General Hospital and Trauma Center, the public hospital of the City and County of San Francisco, and a NIH-funded health services researcher with substantial experience researching homelessness and health.

Before I begin my remarks, I want to say a few words about why I, a physician who provides care for adults, is here to talk to you today about the non-medical drivers of health for children. I am here, today, because my research and my clinical work have shown me that I can have a far bigger influence on my patients' health by focusing on their social determinants of health, than I can by providing medical care. Of course, I believe high quality medical care is important. I believe deeply in providing access to healthcare for all. But, the truth is, to make the largest impact on health and well-being, we need to focus equal attention on the social determinants

of health. While, in my clinical practice, I care for adults, not children, I can tell you that there is no better way to ensure the health of a community—children and adults—than to attend to the needs of children. As we learn more about the lifelong devastating effects of toxic stress on children's lives, we better understand the need to create the conditions to promote children's health and well-being. One of the best ways to do this is to address the Social Determinants of Health.

Social Determinants of Health

The World Health Organization defines the Social Determinants of Health as "the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels."[1] Social determinants include things like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to healthcare.[2] While many efforts to increase health and health equity have focused on changing the healthcare system, focusing on the social determinants can do more to create healthy children and adults.

Healthcare contributes a relatively small proportion to our overall health. It is estimated that our genetic makeup contributes 30% to determining our overall health, individual behavior 40%, social and environmental factors 20%, and healthcare 10%.[2] However, even this understates the true impact of the social determinants of health. It turns out that the environment in which we live has profound influences not only on our health behaviors (including the foods we eat, whether and how we exercise, whether or not we smoke or drink, and whether we use drugs), but also on how our genes are expressed. And we know that

stress—related to our environment and the experiences that we have in it—has profound effects on both our health behaviors and our genes. Ensuring full access to high-quality healthcare will help, but ensuring that people have access to stable, affordable and safe housing, healthful and affordable food, safe places to exercise and play, accessible public transportation, and high-quality schools may be more important to insuring health and wellness.

Housing is healthcare

I want to focus my remarks on the role that safe, affordable housing has in ensuring health. We know, from decades of research, that housing instability and homelessness have devastating impacts on health. This is particularly true for children. As my colleague Dr. Matt Desmond, a Sociologist and Professor at Princeton, says in his groundbreaking book, Evicted, "Without stable shelter, everything else falls apart." [3]

Scope of the problem

In the United States, over 500,000 people are homeless every night. One-third of all people experiencing homelessness are part of a family with children. One in five homeless persons in the United States is a child. Families experiencing homelessness are young families. Approximately half of children living in homeless families are under the age of six; one in nine are infants less than a year old. The most common age in which a person is likely to stay in a homeless shelter is infancy.[4,5] Twelve percent of the nation's population of homeless families

with minor children reside in California. California has the second highest number of homeless families in the US: an estimated 21,000 people are members of homeless families in California.[6]

Families experiencing homelessness can be invisible to the public. They are hidden—hidden away in homeless shelters, doubled up in crowded and unstable conditions with friends or families, in their cars, abandoned buildings or motel rooms. But, their lack of visibility does not protect them from the risks of homelessness.

When we think about homelessness among children, we think of both children living in families, with their parents or guardians and unaccompanied youth---youth and young adults aged 12-25 who experience homelessness without a parent or guardian. Approximately 11% of people experiencing homelessness on a given night are "unaccompanied youth." [4] While most unaccompanied youth are aged 18-25, 12% are under 18. California has the highest number of unaccompanied youth experiencing homelessness: in a single night in January 2018, there were over 12,000 unaccompanied youth experiencing homelessness in California. California accounted for over half (54%) of all unsheltered unaccompanied youth in the United States. Unaccompanied homeless youth face unparalleled risk—they are at high risk of trafficking, of survival sex, of substance use and victimization. They face extraordinary risks of dying—from violence, overdose, and suicide. Unaccompanied homeless youth are some of our most vulnerable citizens.

Risk Factors for Family Homelessness

The primary risk factor for family homelessness is the inability to afford housing. Households with worst case housing needs are at the highest risk of homelessness. Worst case housing needs means that a household is low income (making no more than half of the area median income), does not receive housing benefits (like housing choice vouchers) and spends more than 50% of their household income on rent. Families with children are the largest group, comprising 35% of all worst case housing households. The numbers of families with children experiencing worst case needs has been rising. California has some of the highest rates of worst case housing needs in the country.

Families with children are at highest risk of eviction. They are more likely than households without children to report difficulty paying rent, and are twice as likely to face eviction. This is because households with children have difficulty balancing work with childrearing, and are more likely to face lease violations, due to concerns about overcrowding, noise, damage or complaints about children's behavior. They face additional barriers when looking for new housing, and frequently have to move in with other families, or move to lower quality housing, or move to distressed neighborhoods. Even without homelessness, this can create many hardships, including disruptions in both work for adults and schooling for children.

Family violence is a frequent precipitant of housing loss. More than 80% of women with children who are homeless have experienced interpersonal violence.

We know that parents who have experienced more adverse childhood events when they were children are at higher risk for becoming homeless as adults.

Homelessness as a racial justice issue

Over three-quarters of people experiencing homelessness in families identify as non-white or white/Latinx. Over half of people in families experiencing homelessness identify as Black-American. This is almost four-fold higher than the general population and twice as high as the representation of Black-Americans living in poverty. It is impossible to discuss homelessness in America without discussing the insidious role that racism plays in contributing to it.

Health Effects of Homelessness and Housing Instability on Children's Health

Prior to becoming homeless, children in homeless families are at higher risk of having experienced the devastating effects of poverty, food insecurity, parental depression and family violence. These may contribute to the terrible effects of homelessness on children's health. Homelessness in children has been linked to a myriad of negative child health outcomes, including asthma, lead poisoning, recurrent infections, obesity, dental problems, developmental delays and mental health problems.[7,8] More than a quarter of homeless children report having witnessed violence and more than half are reported to have anxiety and depression. Families experiencing homelessness are more likely to interact with the child welfare system than housed poor families; homelessness increases the risk for children being placed out of home. These separations contribute to mental health problems including anxiety, depression, post-traumatic stress disorder, and conduct disorder.[8] Homelessness directly affects children's ability to have stable schooling. It affects educational achievement and is associated low literacy. [8] Children without stable homes are more than twice as likely to repeat a school grade, have high absenteeism, drop out of school, or be suspended or expelled.

Children in homeless families are less likely to have regular healthcare. Despite their higher needs, they lack access to primary care, dental care, and mental health care---and thus are more likely to use the emergency department and be admitted to the hospital. Homelessness is devastating to health, for adults and children. *There is no medicine as powerful as housing.*

Family Options Study

What are the best strategies to respond to family homelessness? The Family Options Study, launched in 2008, was a randomized controlled trial to determine the effectiveness and relative costs of different interventions to assist families experiencing homelessness including: 1) long-term housing subsidies (such as housing choice vouchers—"section 8"); 2) project-based transitional housing—up to two years of housing in a building with extensive supportive services; 3) community-based rapid rehousing (temporary rental assistance for up to 18 months and services focused on assistance with housing); and usual care—families did not get any priority access, but could use any available services. It is rare that we have such rigorous research on topics regarding the social determinants of health. The Family Options Study provides insight into both the effects of family homelessness and the devastating effects of homelessness. The Family Options Study randomly assigned 2,200 homeless families, including more than 5000 children, in 12 communities, to one of these four interventions. Families were eligible if they had stayed for at least a week in an emergency shelter. The study tracked the families for more than 3 years, to assess outcomes related to housing stability, family preservation, adult and child well-being and self-sufficiency.[9]

The usual care group teaches us what happens to families who experience homelessness in the real world without any intervention. On average, these families spent four of the next 37 months in emergency shelter. Most received some form of services: 20% received rapid rehousing at some point and 30% transitional housing. Over one-third used some form of housing vouchers during the study period. Despite this, at three years, 39% reported having been doubled up or homeless in the prior six months (18% reported having been homeless).

The families who received housing choice vouchers immediately after randomization did the best, by far. Their housing and health outcomes were significantly better than the other groups. People assigned to the voucher group were one-half as likely to have any homelessness experiences in the follow-up period. Some other notable findings---those who received vouchers, compared to those in usual care, were half as likely to experience family violence and the adults were less likely to have substance use problems or psychological distress. Children experienced fewer school moves, less absences and fewer behavioral problems.

Importantly, in the long-term, families assigned to rapid rehousing did not fare much better than families assigned to usual care. For instance, those in the rapid rehousing group had similar likelihood of experiencing homelessness at the follow-up points as those with usual care. Those in project-based housing had better housing outcomes in the short, but not long-term. They did not experience better well-being outcomes than those in usual care.

Interestingly, the total program costs of those who received vouchers was only $4000 more over the three year study period than those assigned to usual care. This is, in part, because

those assigned to usual care received some of the same services (some eventually received vouchers). But, it is also because—shelter and temporary programs are expensive.

There is much more to say about the Family Options Study, and I encourage you to read it in full. It give us a sense of both the enormous toll of homelessness on families, and present us a way forward. Implementing housing vouchers is not an easy solution. Currently, only one in four households nationwide that is eligible for vouchers receives them. As you know, in many of our costliest regions, households with vouchers face many barriers to use them. Rapid rehousing is a reasonable option to stabilize families, while we await a more permanent option. But, the science of the Family Options Study is striking. *It makes clear that the solution to family homelessness is housing.*

When we take into account the lifelong toll of family homelessness of children's well-being, and the clear and evident solution to homelessness, we are compelled to act. As a physician who cares for low-income adults, I fear that we will continue to see the life-long toll of toxic stress of homelessness among children well into their adulthood. I can think of no better investment in the future of this State—than the well-being of our children. And, the medicine that our children need most is safe, affordable, and permanent housing.

Thank you.

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