

Housing Committee JOINT FAVORABLE REPORT

Bill No.: SB-188

AN ACT ESTABLISHING THE HEALTHY HOUSING ASSISTANCE PILOT

Title: PROGRAM.

Vote Date: 3/10/2020

Vote Action: JFS To Floor

PH Date: 2/27/2020

File No.:

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SPONSORS OF BILL:

Open Choice Community Alliance

Co-Sponsor: [Sen. Saud Anwar, 3rd Dist.](#)

REASONS FOR BILL:

A growing body of research shows that when interested families with housing vouchers move to lower poverty areas they experience life improvements, including positive health outcomes. As documented in a recent paper published in the Journal of the American Medical Association (December 2019), one persistent health challenge that can be ameliorated with a “move to opportunity” is childhood asthma. Along with health improvements come cost savings for hospitals and insurance programs. Despite these benefits, housing voucher holders face a host of barriers to moving to healthy neighborhoods. Other recent research demonstrates that many of these barriers to accessing healthier neighborhoods can be overcome by 40% of voucher families when they are given access to specialized counseling called Mobility Counseling, an approach which has been adopted by Connecticut’s Department of Housing.

RESPONSE FROM ADMINISTRATION/AGENCY:

None Stated.

NATURE AND SOURCES OF SUPPORT:

Erin Boggs – Executive Director – Open Communities Alliance - 75 Charter Oak Avenue – Suite 1-210 – Hartford, CT 06106 - promotes equitable access to housing - supports – the investment is well worthwhile both the health cost savings and the tax revenue likely gained

through moves out of poverty. It is time to break down the silos between health and housing and make investments that break the cycle of poverty, overcome historical segregating policies, address homelessness and improve health outcomes.

Hartford Foundation for Public Giving – 10 Columbus Blvd – 8th floor - Hartford, CT 06106 - supports – We are hopeful that this pilot will create a model for an effective and replicable program design and will put forth a roadmap for implementing a cost effective health-focused housing intervention that produces positive health outcomes for children while at the same time enhancing residents' access to quality, affordable housing in high opportunity neighborhoods.

Kiley Gosselin – Executive Director – Partnership For Strong Communities – 227 Lawrence Street – Hartford, CT 06106 - support - We support Senate Bill No. 188 and its aim to assist families with children who have persistent asthma to move to healthier environments. Small multifamily housing, or residential buildings between 2 and 19 units, accounts for 57% of all rental stock in the state, and remains the most affordable option for many low-income families. However, 51% of Connecticut's small multifamily housing stock is at least 60 years old. Without proper rehabilitation, many of these homes have fallen into disrepair, leading to unhealthy environments for families. This PILOT would increase access to safe, stable housing by allowing them to relocate to healthier homes. We are supportive of programs designed to subsequently rehabilitate those units to provide healthy homes to additional families.

John Levin – Norwalk , CT 06851- support – This seems like a great pilot to address systemic problems such as endemic health challenges for poor communities. As a Connecticut resident and tax payer I am proud to see my state government seeking creative solutions to important problems. This is EXACTLY how I would like to see my tax dollars spent and the experimental approach is really smart.

Craig Pollack, MD, MHS - Associate Professor in the Department of Health Policy Management at the Johns Hopkins Bloomberg School of Public Health and the Johns Hopkins School of Medicine – support - I am a practicing primary care physician and health researcher who, for over 10 years, has studied the connection between housing and health. Through my clinical experience and research, I have observed the importance of affordable housing in health-promoting environments on health and well-being.

Through my clinical practice, I have seen the trade-offs that my patients and their families make between paying for rent and paying for medicines. I have witnessed the extreme stress of living in unstable housing, frequently described as symptoms of anxiety or depression. In short, many of my patients have needed a prescription for affordable housing in healthy neighborhoods to get at the root of their health problems.

Research in the area of housing and health supports my clinical experience on the critical connection between housing affordability, its neighborhood context, and health. My research team recently published a study in JAMA (attached) that examined the long-term impact of receiving a voucher on health care use. The study made use of the Moving To Opportunity experiment and followed families for up to 21 years.

Our key finding is that children who were exposed to lower levels of neighborhood poverty had lower levels of hospitalizations and hospital spending over the long-term follow-up. For every 10 percentage point reduction in neighborhood poverty that children were exposed to, they had on average, \$152 less per year in the hospital spending. It is important to note that current programs designed to help children move to low poverty neighborhoods may lead to much larger reductions in neighborhood poverty exposure. And the fact that these reductions in hospital spending accrue over the long-term may lead to sizable financial and health benefits.

With funding from the National Institutes of Health, I am currently working on another study in Baltimore. We have been recruiting children with asthma who are participating in a housing mobility program in Baltimore that helps families move from neighborhoods of concentrated poverty into lower poverty neighborhoods. Initial results, though still preliminary, suggest a reduction in allergens known to trigger asthma and an improvement in asthma symptoms.

In summary, both my clinical experience working as a primary care physician and my research support the importance of investing in housing mobility programs as one way to improve health.

Craig Schramm, Division Head of Pulmonology;

Jessica Hollenbach, Director of the Asthma Center,

Marcus Smith, Director of the Healthy Homes Program

at **Connecticut Children's Medical Center** – support - We applaud the intent of this bill and appreciate being named a partner in this proposal. We are also grateful for the considerable timeline given for establishing the new program, as there are undoubtedly some logistical challenges to consider, such as HIPAA compliance.

Asthma is the most common chronic childhood disease. Asthma incidence, morbidity, and mortality co-localize with poor housing conditions and disproportionately afflict low-income, African-American, and Latino children. Hartford, one of the poorest medium-sized cities in the US, is particularly hard hit by these childhood asthma disparities. Over 40% of Hartford families live in poverty, compared with 14% statewide and 18% nationally. Mean per capita income in Hartford in 2013-2017 was \$28,930, less than mean per capita income in the US. Hartford's population is 44% Latino (of whom 78% are Puerto Rican, the racial/ethnic group with the highest asthma prevalence) and 35% African-American. Hartford is riddled with old, poorly repaired housing stock (53% built before 1950). Medicaid data tell us that 18% of Hartford children have asthma, of whom 44% requiring daily, preventive asthma therapy. There are concentrated geographical pockets, or hot spots, of asthma morbidity and incidence that overlap with areas of substandard housing in Hartford. Multiple asthma "hot spots" are located in the North End and South End of Hartford. The state of housing in Hartford is among the worst in the country. Recently, the Connecticut Data Collaborative published a geographical report, "Health in Hartford's Neighborhoods," demonstrating how housing code violations cluster in the North and South Ends and are significantly associated with poor health outcomes.

Childhood asthma accounts for the largest proportion of Medicaid spending on any health condition in Hartford, and often is directly associated with poor housing conditions. In Hartford, Puerto Rican children have high asthma prevalence (32%) and ED-visit rates (174/10,000), whereas African-American children have high hospitalization rates (37/10,000)

and longer hospital stays. Asthma ED visits and hospitalization rates in Hartford children are 3.5-4 times higher than the rest of CT, and 20 times higher than national rates.

We know that environmental exposures are critical in the initiation and exacerbation of asthma. The indoor environment, in particular the home, contains numerous exposures with the potential to influence asthma development and morbidity. Many trials aiming to improve asthma outcomes by altering the indoor environment have been conducted over the past four decades. Unfortunately, evidence to date has not established the effectiveness of any widely used products and strategies for improving patient outcomes by reducing home environmental allergen exposures. Therefore, we believe a housing mobility voucher program, in tandem with continued investment in safe, stable housing options in Hartford, may give families of children with persistent asthma the opportunity to live in a healthier home with a lower burden of not just physical/environmental exposures, but also access to safer neighborhoods with less segregation and crime, and improved social capital. These social factors may be of added benefit, related to the well-known contribution of psychosocial stress to asthma.

Victor Villagra – MD – Associate Director - Health Disparities Institute – UCONN School of Medicine – 241 Main Street – 5th floor – Hartford, CT 06106 – support – The Institute strongly supports this bill because it addresses a root cause of healthcare disparities. Connecticut is one of the only states that has made reducing healthcare disparities a top priority. SB-188 is precisely the kind of investment needed to honor that commitment.

NATURE AND SOURCES OF OPPOSITION:

None Stated.

Reported by: Karen Godbout

Date: 3/25/2020