

No Place Like Home: Prioritizing Psychosocial Factors in Housing Research and Policy

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ABSTRACT

Although the United States of America is among the wealthiest nations in the world, millions of people across the country face housing insecurity. Racially marginalized populations are disproportionately affected by housing insecurity due to historical and contemporary housing policies and practices such as redlining, racial covenants, predatory banking practices, higher loan denials, and lower home appraisal values that have generally inhibited racial minority communities' full and fair participation in the U.S. housing system. As a central determinant of health that is directly linked to other important determinants, such as the ability to maintain employment and to access food, transportation, and healthcare, housing stability plays an essential role in the health and wellbeing of racially marginalized populations. Health-promoting, evidence-informed housing policies and practice are needed to address housing inequities that fuel racial health disparities. This commentary highlights safe, affordable housing as a key determinant of health and argues for the prioritization of psychosocial elements of housing in health-promoting housing policies and practice.

Housing inequities continue to be one of the most pressing public health issues facing racial minority communities. As a key social determinant of health, housing is directly linked to other important determinants such as the ability to maintain employment and access to food, transportation, and healthcare [1]. In recent years, the COVID-19 pandemic exacerbated difficulties in securing safe and affordable housing for many households [2], especially among racially marginalized populations who have faced historical housing injustices [2,3]. Despite policy efforts such as the CDC Eviction Moratorium [4], and billions in funding allocated through the American Rescue Plan for Emergency Rental Assistance [5], legal challenges and bureaucratic delays in delivering assistance to economically devastated households led to evictions, displacements, and homelessness in many racially marginalized communities. Additionally, many pandemic-era state and federal relief programs aimed at temporarily preventing displacement have ended. Yet, housing instability for racial minorities predated the pandemic.

For decades, a steady uptick in residential displacement has been primarily driven by a combination of rapidly rising housing costs that outpace wage increases as well as gentrification driven by economic prospects, influencing residents from the outskirts of major metropolitan areas to return to cities across the country. Oftentimes, the areas that generate the most interest are areas of concentrated poverty populated predominantly by racial minorities, where properties can be acquired by investors or others at a fraction of the cost due to decades of disinvestment and "flipped" to produce a substantial profit. Consequently, the higher market values of renovated properties make housing less or unaffordable for current renters and homeowners alike, often resulting in displacement. Notably, unaffordable housing can be linked to serious health consequences. Recent studies have explored pathways by which housing inequalities create or exacerbate health disparities [6-7]. A review of more than 40 studies investigating detrimental impacts of home foreclosures highlighted poor health outcomes, such as anxiety, depression, suicide, and decreased self-reported physical health [8]. Another review, limited to longitudinal studies, linked exposure to a form of housing disadvantage to subsequent poor mental health [9].

While the national conversation about housing typically focuses on the affordability of physical shelter, fully understanding the effects of housing insecurity and loss on health requires an examination of what it means to lose

one's home more broadly. We argue that the loss of home can pose critical psychosocial consequences for mental health, emotional wellbeing, sense of belonging, social capital, and identity. Being displaced from one's home results in a temporary or permanent loss if people are unable to establish new connections after relocating. Such losses can be particularly detrimental for racially marginalized people. Yet, the health effects of disruptions to longstanding neighborhood- and community-level relationships, identities, and networks have not received sufficient attention.

Researchers from a range of fields have studied the implications of the concept of home for wellbeing. For example, concepts such as 'place identity' and 'place attachment' have attempted to describe how individuals form complex relationships with their residential environments [10]. Social scientists have also noted how conceptions of home contribute to wellbeing by providing social, psychological, and emotive meaning for individuals and groups [11, 12]. Some in environmental psychology and urban planning studies have shown how identification with a specific neighborhood can promote self-efficacy and security [13, 14]. Psychiatrist Mindy Thompson Fullilove, utilizing a metaphor about the impacts of transporting plants, points out how 'root shock' may also apply to communities when their homes are disrupted or lost through processes of residential development [15]. In particular, authors have revealed how home disruptions during childhood can pose serious implications for adolescent flourishing and development [16]. For example, frequent residential and school moves among both low-income and foster children have been shown to significantly impede educational readiness, performance, and attainment [17-19]. It is unlikely that these disparities are merely a consequence of a change in physical housing, but a more complex and often overlooked change in a child's home.

Moreover, the ramifications of losing one's home may be magnified for individuals from marginalized communities who already have difficulty finding safe and welcoming places to call home. For example, African American residents priced out of predominantly African American or racially diverse areas may experience challenges transitioning to life in areas that are predominantly white demographically and culturally. As our nation wrestles with historical and contemporary manifestations of racism, increased racial tensions can make African American residents even less welcome in some communities. Conversely, in some communities, well-intentioned neighbors may create an undue emotional burden for African American residents as they attempt to better understand past and present racialized events for themselves. During tumultuous times, a home in a community of people with shared experiences can provide a safe space for African Americans to process and heal from personal and collective trauma. The same may be said for other communities of color. Additional implications of displacement and resettlement are evident in refugee and immigrant populations where resettled individuals often suffer in their new home environments from increased stress and anxiety, for example [20]. Subsequent displacement of refugee and immigrant populations exacerbates the consequences of one's loss of home. Consequently, displacement can be detrimental for members of racially marginalized communities in unique ways compared to their white counterparts.

These findings point to the need to take seriously the psychosocial dimensions of place and to apply them to develop evidence-informed housing strategies, especially as it pertains to racially marginalized communities. We argue that housing should not be considered merely in terms of the physical structure where one resides, but also include the intangible but measurable factors that shape everyday life within a broader community. For example, social networks can provide forms of social support including instrumental support (e.g., childcare, carpools) as well as culturally informed informational and emotional support from neighbors and community organizations, which can promote health [21]. Such support can help build social cohesion (connectedness) and increase social capital (benefits and resources of social connections) [22-24], which benefits individuals, families, communities. Although methodological issues such as measurement challenges have made it difficult to fully understand nuanced relationships between social factors and health outcomes, a growing body of literature suggests social capital can have protective effects on health [22], especially for children [23].

As much-needed investments in economically distressed areas continue nationwide, the means and the intended ends warrant close examination: Are community development and revitalization efforts being conducted in equitable, inclusive, and humane ways? To what extent, if any, is careful consideration of the multidimensional health

effects of displacement ingrained in planning and implementation efforts, especially for racially marginalized populations? These questions and others acknowledge that home is not merely defined by a set of coordinates but through the meanings that people and groups ascribe to a place over time and must not be overlooked when housing programs and policies are enacted. Forward-thinking community development and revitalization efforts should rely on partnerships that authentically include multiple stakeholders, such as residents, community organizations, businesses, policy makers, and land developers, to generate solutions that are grounded in a recognition of home and seek to maintain and nurture existing culture, landmarks, businesses, and networks. Such solutions must address the enduring effects of historical (e.g., redlining) and contemporary (e.g., predatory banking practices, lower home appraisals) policies and practices that still disproportionately affect racial minorities decades after the 1968 Fair Housing Act [3, 25-27]. Case studies of multisectoral partnerships in Baltimore and Memphis demonstrate the possibility and power of collaborations across sectors to improve population health [28].

As a central determinant of health that is connected to other key determinants of health, it is difficult to identify a racial health disparity for which housing does not play a direct or indirect role. As the unaffordable housing crisis continues to worsen, leaving racial minorities who are being displaced or are threatened by displacement with fewer and fewer safe, affordable, and high-quality housing options, the urgency is undeniable. We must advocate for the prioritization of essential psychosocial aspects of home to ensure health-promoting housing policies and practice for all, not just some, of us.

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