



**Housing Instability** is one of twenty Maternal and Child Health (MCH) **National Performance Measures (NPMs)** for the Title V MCH Services Block Grant to States Program. This NPM is focused on reducing the 1) percent of **women\*** with a recent live birth who experienced housing instability 12 months prior to the birth, and 2) percent of **children**, aged 0-11, who experienced housing instability in the past year.

For [Housing Instability](#), there are 26 evidence-based strategies from [MCHbest](#) and 4 field-based practices from [Innovation Hub](#) (see page 4)

The [What Works Evidence Accelerators](#) provide background information and a summary of effective strategies to advance each of the NPM topic areas. [Housing instability](#) is operationalized as women who report being evicted, homeless, or lacking a place to sleep in the 12 months prior to delivering an infant; and children whose parents reported being behind on a housing payment in the last year, that the child had lived in three or more places in the past year, or that they had ever been homeless. The strategies support increased housing stability for women and children as well as policy changes that prioritize housing stability for families with young children to promote positive health outcomes.

**Overview.** Housing instability can occur due to high housing costs, difficulty making housing payments, poor housing quality, unstable neighborhoods, overcrowding, frequent moves, eviction, homelessness, or reliance on temporary housing programs.<sup>1</sup> Homelessness is the most extreme form of housing instability. A woman's housing status while pregnant directly impacts birth outcomes and the health of the growing child.<sup>2</sup> Stable housing promotes positive maternal and child health outcomes.<sup>2</sup>

**Definitions.** Housing stability, affordability, safety, and quality are intersecting constructs that all affect health outcomes, as do the physical and social characteristics of neighborhoods.<sup>3</sup> The relationship between housing and health is complex, therefore, it is important to understand these housing pathways:

- [Stable \(or secure\) housing](#) means that people are not living in uncertainty about their housing situation and generally have a choice over when to move.
- [Affordable housing](#) is when a household spends no more than 30% of their gross income for housing costs like rent, mortgage, and utilities. It can be subsidized (funded in part by public or private non-profit dollars) or unsubsidized (naturally occurring affordable housing).
- [Safe housing](#) is described as housing that does not jeopardize the health, safety, or welfare of its occupants and that permits access to electricity, heat, and running water for the benefit of those living in the house.

- [Quality housing](#) refers to the physical condition of a person's home as well as the quality of the social and physical environment in which the home is located, such as air quality, home safety, space per individual, and the presence of mold, asbestos, or lead.

The health impacts of neighborhoods include both the environmental and social characteristics of where people live, including the availability of resources such as public transportation, grocery stores, and places to exercise, as well as measures of segregation, crime, and social capital.<sup>3</sup>

**Pregnancy.** During pregnancy, housing instability is associated with inadequate prenatal care, pregnancy complications, and adverse birth outcomes, including preterm birth and low birthweight.<sup>1,4</sup> Evidence shows impacts such as severe maternal morbidity, higher rates of mortality in the one-year postpartum period, and negative impacts on mental health.<sup>5,6</sup> Eviction and homelessness are two of the most disastrous events in terms of housing instability and are directly linked to negative health outcomes for mothers.<sup>7</sup> Mothers who were evicted experienced higher rates of material hardship, depression, high parental stress, and worse health for themselves and their children.<sup>7</sup> Maternal mental concerns escalate the risk of homelessness; robust associations also exist between postpartum depression and risk for homelessness.<sup>7</sup>

**Children.** Among children, housing instability is associated with poor health, lower weight, developmental risk, and social and emotional behavior issues.<sup>8,9,10,11,12</sup> Experiencing unstable housing as a child

is comparable to an adverse childhood experience (ACE).<sup>10,13</sup> Young children who experience housing deprivation are exposed to a form of toxic stress at a critical time in their development, which contributes to long-term health consequences.<sup>7,13</sup> Although young children who experienced prenatal or postnatal homelessness alone had increased negative health outcomes, those who experienced both prenatal and postnatal homelessness had even more serious health consequences.<sup>11</sup> Housing instability is associated with problem behavior in early childhood, can alter emotional regulation, can inhibit verbal abilities, stifle academic achievement and educational attainment, and increase the risk of chronic disease.<sup>12,14,15,16,17</sup>

**Data. Pregnancy.** This component is measured through data collected from the [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#). Studies have reported that between 4% to 9% of pregnant women experience homelessness and even more have unstable housing arrangements.<sup>1</sup>

**Children.** This component is measured through data collected from the [National Survey of Children's Health \(NSCH\)](#). In 2022, 15.4% of parents or caregivers of young children aged 0-5 reported experiencing housing instability in the past year; and 17.8% of parents or caregivers of children aged 6-11 reported experiencing housing instability in the past year.<sup>18</sup>

With regard to the individual items:

- In 2022, 13.4% of parents or caregivers of young children aged 0-5 reported that during the past 12 months, there was a time when they were not able to pay the mortgage or rent on time; and 14.0% of parents or caregivers of children aged 6-11 reported that during the past 12 months, there was a time when they were not able to pay the mortgage or rent on time.<sup>19</sup>
- When asked how many places this child had lived during the past 12 months, 2.1% of parents or caregivers of young children aged 0-5 selected 3 or more places; and 3.6% of parents or caregivers of children aged 6-11 selected 3 or more places.<sup>20</sup>
- When asked since this child was born, have they ever been homeless or lived in a shelter, 1.1% of parents or caregivers of young children aged 0-5 selected yes; and 2.7% of parents or caregivers of children aged 6-11 selected yes.<sup>21</sup>

## Social Determinants of Health (SDOH).

The role of housing as a strong [SDOH](#) is well-established, recognizing the ways in which a lack of stable housing can negatively affect health and well-being.<sup>1,7,8,22,23</sup> The association between housing status and health may be even stronger during pregnancy because of the need for health behavior changes and the increased engagement with healthcare.<sup>1</sup>

Structural and sustainable solutions are needed to address the longstanding impacts of discrimination and to improve housing and reproductive health.<sup>24</sup> For children, health care providers are increasingly recognizing the need to partner with families to meet basic needs, such as housing, and alleviate stressors to better enable children to be healthy and thrive.<sup>25,26</sup>

Promising SDOH approaches to promote housing stability include:

- Expanding direct housing assistance efforts, which are often coordinated with other wraparound health care and social services, to prioritize resources toward expectant families who are at higher risk of adverse outcomes or families with young children.<sup>7</sup>
- Implementing community planning and neighborhood improvement strategies, such as the “Healthy Beginnings at Home” initiative providing rental assistance with housing stabilization services to pregnant women living in unstable housing who are at greater risk of infant mortality.<sup>7,27</sup>
- Integrating housing stability programs and school systems to connect families to housing resources sooner by allowing families to apply for assistance at schools, authorizing education agencies to distribute assistance, and funding navigator positions in schools.<sup>28</sup>

**Health Equity.** Policies of red-lining, proof of income, and discrimination against single women with children disproportionately affects women of color seeking stable housing in affordable neighborhoods.<sup>27</sup> Women of color are at higher risk of domestic violence once they become pregnant; domestic violence is a leading cause of homelessness.<sup>29</sup> Discriminatory housing policies disproportionately harm Black survivors perpetuating cycles of economic and housing instability.<sup>30</sup>

Pregnant women who report housing instability are more likely to self-identify as Black, be younger, have a lower educational attainment, and have a lower income than those with stable housing; these sociodemographic factors have been associated with adverse pregnancy outcomes.<sup>1,31</sup> With Black women being disproportionately evicted, solutions are needed to rectify harms and disadvantages faced by Black women.<sup>32</sup>

Strategies to achieve equitable and inclusive access to stable housing include:

- Expanding access to housing in low-poverty neighborhoods through housing mobility programs, such as “Moving to Opportunity,” which provides rental assistance and housing counseling.<sup>7,8</sup>
- Using supportive housing models that combine affordable housing and intensive coordinated services to prioritize households facing multiple barriers to housing stability and those most impacted by structural and institutional racism.<sup>33</sup>
- Increasing access to housing choice vouchers to enable more families to stay housed and avoid wrongful denial of rental housing.<sup>32</sup>
- Enacting policies that account for demographic disparities, investing in preventive eviction diversion programs, and enacting source-of-income nondiscrimination laws.<sup>32,34</sup>

### Children with Special Health Care Needs (CSHCN) and Children with Disabilities.

Families with CSHCN and/or children with disabilities face larger financial hardships that can affect their housing status.<sup>35</sup> Research demonstrates that CSHCN are more likely to live in families who were behind on rent in the past year; moved two or more times in the past year; and were homeless during the child’s lifetime compared to non-CSHCN.<sup>36</sup>

For those children who qualified medically or financially for Supplemental Security Income (SSI), SSI may help to mitigate housing instability and insulate families from the disruptions that occur with frequent moves or homelessness.<sup>36</sup> To improve the health and well-being of CSHCN, housing must meet their medical and accessibility needs and families of CSHCN experiencing hardship need referrals, support, and access to affordable housing.<sup>36, 37</sup>

**Key Resources.** Reviews found that interventions such as policy and system level changes, poverty reduction programs, and holistic wraparound care services are associated with improved housing stability.<sup>3,7,38</sup> The literature also discusses the disproportionate effects of unstable housing on women of color with negative economic, mental, and physical impacts,<sup>1</sup> which necessitates the use of a health equity lens to improve community housing outcomes for women and their families.

Search the [Established Evidence database](#) for peer-reviewed research articles related to strategies for improving housing stability for women and children.

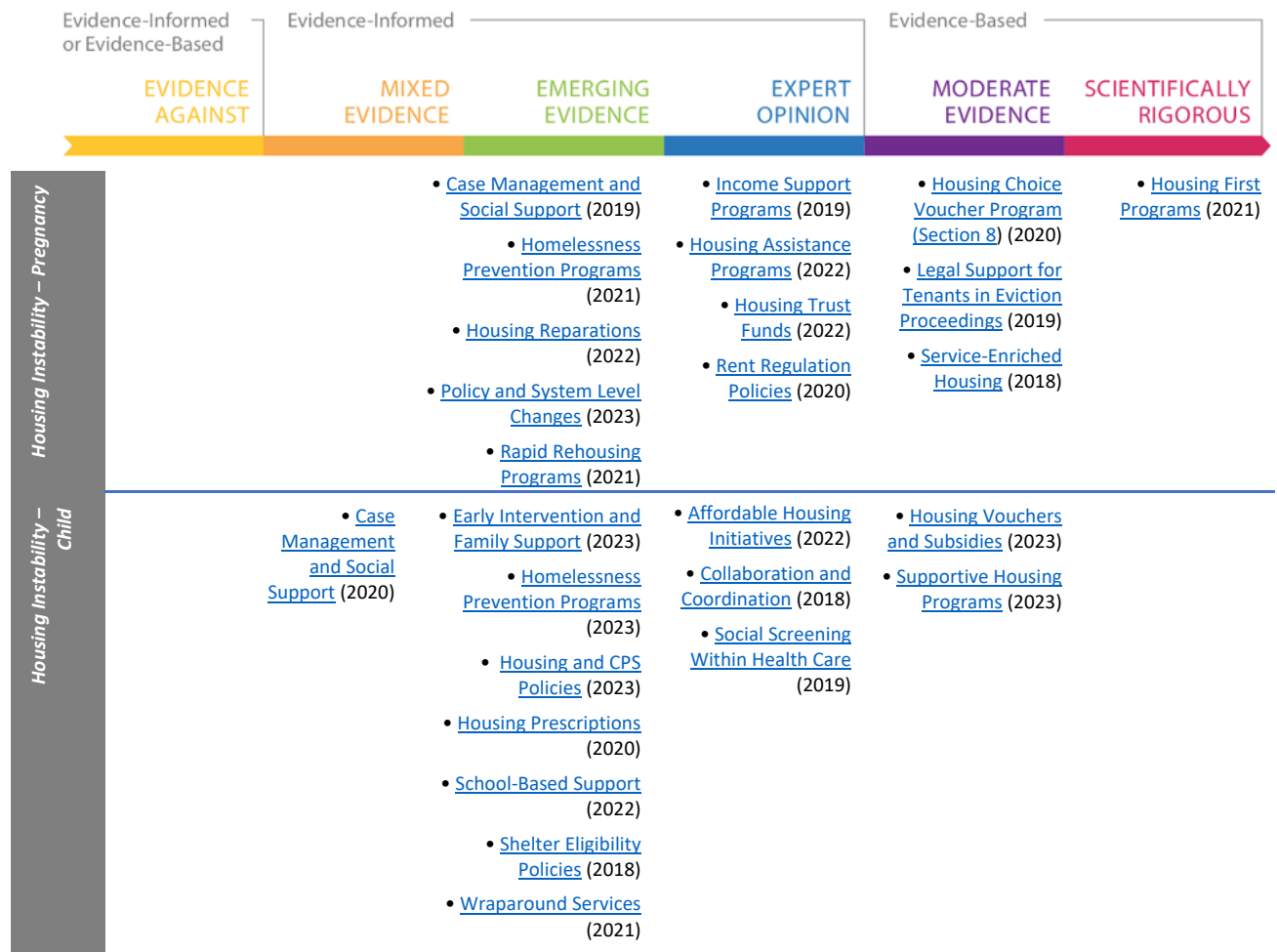
Find field-based resources focused on improving housing stability for [women](#) and [children](#) relevant to Title V programs in the [MCH Digital Library](#).

**Partnership and the Role of Title V.** Title V agencies can foster partnerships to improve housing stability for women and children by:

- Collaborating with the housing and community development sectors to develop and implement cross-sector solutions to meet the housing needs of children and their families.<sup>7</sup>
- Supporting the integration of trauma-informed community development practice to better meet the complex needs of households.<sup>7</sup>
- Addressing the acute social needs of women, children, and families through clinic-based screening, education, counseling, and referral to support services for those experiencing unstable housing.<sup>39,40,41</sup>
- Working with [MIECHV](#) programs to ensure women continue to receive home visiting services for one year postpartum and are able to speak to a trusted provider about housing needs.<sup>42</sup>
- Educating pediatricians on the “Housing First” model and how to coordinate services with local social service organizations.<sup>43</sup>
- Working with family resource centers providing comprehensive services and supports to help families with young children in need of housing resources.<sup>44</sup>
- Supporting the work of Head Start and other high-quality early care and education programs to help mediate the impacts of housing instability among children and families with lower incomes.<sup>45</sup>

**Housing Instability Strategies.** This page summarizes the latest strategies and practices that have emerged as potential approaches for decreasing the percent of women with a recent live birth who experienced housing instability in the previous 12 months. Also listed are the latest strategies and practices that have emerged as potential approaches for decreasing the percent of children, ages 0 through 11, who experienced housing instability in the past year. It provides a framework to identify, understand, and implement “what works” in creating new Evidence-based/informed Strategy Measures (ESMs). Use the links below to access strategy and practice details, approaches, supporting evidence, outcomes, and examples of how Title V agencies are either using these strategies directly or adopting components of the intervention that address this NPM.

**Evidence-Based/Informed Strategies.** 26 strategies have emerged from studies in the scientific literature as being effective in advancing the NPM. Many of these strategies apply for both pregnancy and children. More information on these strategies can be found in the MCH Evidence Center’s [MCHbest](#) database.



**Field-Based Practices.** 4 practices from AMCHP’s [Innovation Hub](#) have emerged as potential approaches for advancing the NPM for specific communities or populations. They can be used as models to meet your program needs.



**Key Findings.** The following are key findings emerging from the literature:

1. Innovative models to address housing instability include Housing First, an evidence-based service model providing rapid access to permanent housing and supportive case management to end homelessness,<sup>46</sup> and Housing Prescriptions as Health Care, a model that integrates health, housing, legal, and social services to improve health outcomes at the household level.<sup>47</sup>
2. Strategies with promise for pregnant and postpartum women include publicly supported affordable housing,<sup>48</sup> rapid rehousing recognizing pregnancy as a criterion to meet requirements;<sup>49</sup> early intervention wraparound support that is continuous and coordinated during pregnancy;<sup>49</sup> housing and supportive services, including substance use/mental health counseling,<sup>50</sup> and housing and supplemental income.<sup>51</sup>
3. For children, housing programs such as housing vouchers and subsidies,<sup>52,53</sup> flexible funding,<sup>54</sup> supportive housing,<sup>55,56</sup> rapid rehousing,<sup>57</sup> and homelessness prevention<sup>58</sup> demonstrate some effectiveness in increasing housing stability, improving access to social services, and strengthening aspects of family well-being, such as psychological health and food security.
4. Policy changes, like shelter eligibility policies for homeless families, can have unintended consequences, such as increased use of pediatric emergency department visits for homelessness, that require reconsideration.<sup>59</sup>
5. There is an array of services and supports focused on helping families with complex social needs experiencing housing instability, such as early intervention and family support,<sup>60-63</sup> wraparound services,<sup>64,65</sup> and case management and social support<sup>66</sup> that have led to improved child development and behavior as well as improved parental well-being.
6. A cross-cutting theme is the focus on addressing the mental health and social vulnerabilities of women, children, and families in need of safe, secure, and stable housing.<sup>50,60,62,63,67</sup>
7. There is growing literature focused on teen homelessness.<sup>68</sup> Even though the age range for

this measure does not focus on youth, they are another population in need of housing stability.

### **Discussion: Research, Practice, Partnership.**

**Research.** Multiple strategies are emerging as potential approaches to advance this NPM, but they have not been studied with enough rigor to be included in the evidence-based continuum. Additional research is needed to verify outcomes, but initial studies have shown promise of these strategies in MCH settings:

- Integrating housing stability components into home visiting to provide support and resources to pregnant women and new mothers.<sup>69</sup>
- Enhancing education and employment opportunities for women to increase financial stability and housing security.<sup>70</sup>

**Practice.** The following tools can be used to translate evidence to action to advance this NPM:

- [Housing Stability Screening](#) (Alliance of Community Assistance Ministries). This screening tool is designed to assist families with referrals for rental and mortgage assistance.
- [The Accountable Health Communities Health-Related Social Needs Screening Tool](#) (CMS). This tool can help providers find out patients' needs in 5 core domains including housing instability.

**Partnership.** The following organizations focus efforts on advancing housing stability:

- [U.S. Department of Housing and Urban Development \(HUD\)](#). Provides housing support including resources to find housing assistance.
- [Robert Wood Johnson Foundation Housing Policy and Practice Portal](#). Provides resources on the importance of housing in promoting good health.

### **Frameworks and Tools for “What Works.”**

Use this accelerator to strengthen current or new programs that align with multiple MCH frameworks across domains and settings. Access toolkits related to these frameworks for additional resources:

- [MCH Evidence Framework](#)
- [Blueprint for Change for CYSHCN](#)
- [Maternal Health Toolkit](#)
- [Life Course and Social Determinants Brief](#)

**Need More Help?** [Contact us for training and technical assistance](#) customized to your needs.

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**\* Note.** Throughout this document, we use terms such as woman, women, and mother to describe people who have the biological capacity to become pregnant. We acknowledge that some pregnant and/or birthing people do not identify with these terms. However, we use these terms as a reflection of language used in the peer-reviewed research that predominantly refers to study participants as “women.” Our findings are not meant to be exclusive of individuals who do not identify as female. Read more in [NCEMCH’s Gender Identity Statement](#).

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