

Housing

SAFE, AFFORDABLE, STABLE HOUSING FOR ALL PEOPLE LIVING IN MINNESOTA

Why It's Important

Where we live matters. Housing is connected to every aspect of people's lives and is a critical factor in financial security, academic success, and being healthy. Research shows that kids are more likely to do well in school if they aren't worrying about where they will sleep, and adults are more likely to get and keep jobs, achieve financial security, and have good health and well-being when they have a secure home.¹ Every person living in Minnesota should have a safe, affordable place to live in a thriving community. But not all do.

*"When you lose your home, you lose your community."
—Governor Dayton's Task Force on Housing*

Minnesota is facing a housing crisis. Home prices increased 8.9 percent from 2017 to 2018 alone with homes in Minnesota 26 percent more expensive than homes in neighboring states. In the rental market, a healthy vacancy rate is 5 percent, but in Minnesota the statewide rate ranges from 2.2 percent to 4 percent in the Twin Cities metro.¹

Homelessness in Minnesota has increased 10 percent since 2015.²

"[Women, children, and families need] safe, affordable housing. There are many other important things needed to live life to the fullest. But without a safe place to sleep, it's hard to do anything else." — Needs Assessment Discovery Survey respondent

While there are many different housing-related issues in need of attention in our state, this data story is focused on housing safety, affordability and stability.

Safety

Most Americans spend about 90 percent of their time indoors, with an estimated two-thirds of indoor time in the home.³ Infants and young children spend even more time indoors and at home, making them especially vulnerable to household hazards. Homes that are not free from physical hazards contribute to infectious and chronic diseases, injuries and poor childhood development.³ For example:

- Poor quality housing conditions like water leaks, bad ventilation, dirty carpet, and pest infestation can lead to increases in mold, allergens and mites which are associated with poor health; specifically asthma exacerbation. Approximately 40 percent of diagnosed asthma among kids is believed to be attributable to exposures where they live.³
- Although the danger of lead has been known for many years, it remains one of the most common environmental hazards for children. Exposure to lead is most likely to happen in the home. Children under the age of 6, particularly those ages 1 to 3, and pregnant women are most vulnerable to the harmful impacts of lead. There is no safe level of lead in the body, and testing is important because there are often no identifiable symptoms following exposure. Lead testing is **not** universal in Minnesota, though children at greater risk of exposure (i.e. children under 6, living in houses built before 1978, living in poverty) are targeted for testing. Children with lead poisoning can experience

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learning, behavior and health problems. Adults with lead poisoning can suffer from high blood pressure, kidney damage, and fertility problems.⁴

“Your zip code is a better predictor of health than your genetic code.” –Melody Goodman, Washington University Professor

Affordability & Stability

A household is considered housing cost-burdened when 30 percent or more of their monthly gross income goes to paying for housing; 26 percent of households in Minnesota were housing cost-burdened in 2017.⁵ As the cost of owning a home increases in Minnesota, there are less affordable rental homes and apartments every year. Minnesota has seen dramatic rent increases over the past few years with rents rising hundreds of dollars a month, sometimes doubling, leaving renters unable to afford their homes. This often leads to displacement, with people needing to double up with family and friends, seek temporary shelter, live in their cars, or live on the streets until they can find a new apartment. Homelessness can cause interruptions in employment, education issues for kids, and poorer health outcomes. When (and if) families do secure housing, over half of the lowest-income families in Minnesota spend more than 50 percent of their income on housing costs.¹

1 in 4 of Minnesota households are housing cost-burdened.

Focus on Health Equity

Multiple generations of Minneapolis residents were (and are) affected by discriminatory federal housing policies, zoning regulations, and lending practices that aimed to keep certain people in certain areas in specific types of housing.⁶ Redlining from early in the 20th century left a lasting effect on the neighborhoods of Minneapolis, with the zoning map for much of the city remaining largely unchanged from the era of intentional racial segregation. Since the year 2000, white and Asian households in Minneapolis have seen an increase in household income, while black households have experienced an approximately 40 percent decrease in income during the same time period.⁶ Rising housing costs in the face of decreased income means that for many residents of Minneapolis, particularly people of color, few, if any, have access to affordable housing. While these examples are specific to Minneapolis, housing disparities adversely impact much of the state.

Disparities in Evictions & Homelessness

- There are intergenerational consequences of losing homes, particularly through eviction, that last for decades, and evictions are disturbingly concentrated: nearly half of all evictions experienced by people living in Minnesota over the past three years occurred in just two zip codes, and individuals living in these zip codes experience high rates of poverty, and people of color comprise more than half of the population.¹
- African Americans make up 39 percent of homeless adults, but only 5 percent of adults statewide. American Indians make up 8 percent of homeless adults, compared to 1 percent statewide.²
- Of all age groups, children and youth age 24 and under are the most likely to be homeless in Minnesota.²

Disparities in Home Ownership

As a state, Minnesota has a high rate of homeownership on average. However this isn't experienced equally by all. Minnesota has the highest disparities in home ownership in the country with 76 percent

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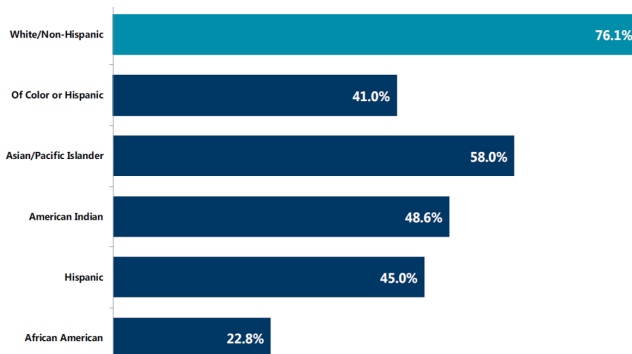
of white households owning a home and less than 23 percent of African American/black households owning a home.⁷

Minnesota is home to the greatest disparity in home ownership rates between white and non-white residents in the nation.

White people are 3.3 times more likely to own a home than black people in Minnesota.

Currently, the low inventory of affordable homes is perhaps the greatest barrier to home ownership. It is estimated that 64,000 Minnesotan renters of color have the potential to become successful homeowners but are possibly unfamiliar with the path to home ownership and resources and services available to them.¹ Minnesota does have financial coaching and home-buyer education programs that have demonstrated success in moving people and families into homeownership; but these programs need to be expanded to serve more people and reach communities where the programs are limited or nonexistent.¹

Figure 1. Minnesota Home Ownership Rates by Race, 2016 Census Data



Source: Census Bureau, 2016 American Community Survey

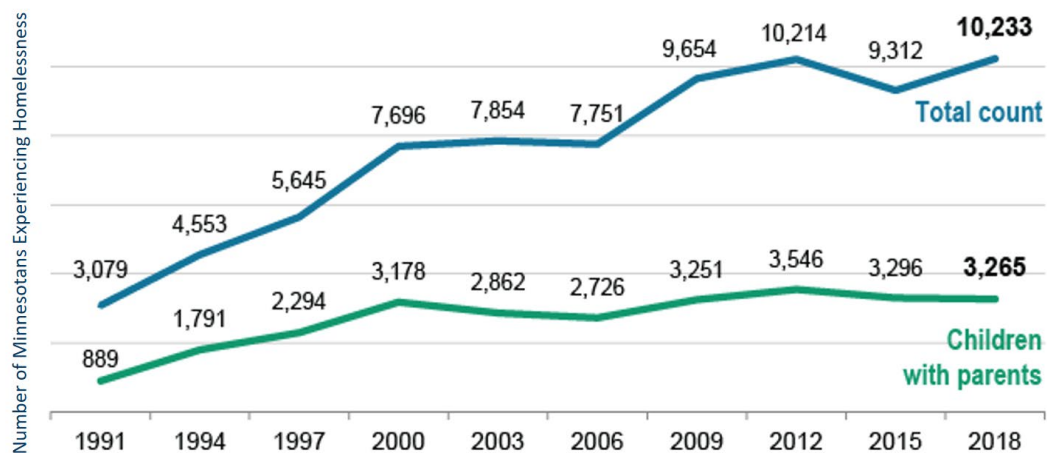
Additional Considerations

Homelessness

The overall number of Minnesotans experiencing homelessness increased by 10 percent from 2015 to 2018, with a 13 percent increase seen in Greater Minnesota compared to 9 percent increase in the 7-county metro. Nearly half of the state's homeless population (46%) is comprised of homeless children and youth age 24 and younger with 32 percent being children age 17 or younger (with their parents). While the number of homeless children and youth remained steady from 2015 to 2018, they are the most disproportionately affected by homelessness relative to their make up as a proportion of the state's overall population. Another key finding of the state's most recent homelessness report is that there was a 62 percent increase from 2015 to 2018 in the number of people experiencing homelessness who were not in a formal shelter (e.g. doubled up/couch hopping, living in cars, staying in encampments), with a 93 percent increase in informal shelter in the Twin Cities metro and 36 percent increase in greater Minnesota.² These estimates do not include people on American Indian reservations, a separate report on this is forthcoming. Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS) data from 2012 to 2016 show that 2 percent of women who responded to the survey were homeless, had to sleep outside in a car, or were living in a shelter in the 12 months before their baby was born. Homelessness and health are interconnected: with poor health being both a cause and result of homelessness.⁸

People experiencing homelessness have a life expectancy that is 26 to 36 years less than those who are not homeless.⁸

Figure 2. One-night Study Counts of The Minnesota Homeless Population, 1991-2018



Source: 2018 Homeless Study, Wilder Research

Discovery Survey Results

In the summer of 2018, Minnesota’s Title V Maternal and Child Health Needs Assessment distributed a Discovery Survey asking people living in Minnesota, “What are the biggest unmet needs of women, children, and families in your community?”. More than 2,700 people living in Minnesota responded. We heard the concern of housing clearly in our Title V Needs Assessment Discovery Survey, where it was mentioned 752 times, making it the second most commonly stated need from respondents. Housing safety, affordability and stability were the three most commonly mentioned themes related to housing in our Discovery Survey. Individuals that identified as African American/black, American Indian, and Hispanic identified housing as the number one need in their communities on the Title V Needs Assessment Discovery Survey.

Important Note on Equity and Intersectionality

The Minnesota Department of Health’s Title V Needs Assessment team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person’s ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation— which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

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Citations

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