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Introduction

The Great Recession that began in December 2007 and lasted through June 2009 has drawn attention to the issue of housing instability, as the number of Americans who have lost their homes or moved for financial reasons has increased dramatically.¹ The number of foreclosures alone increased 127 percent between 2007 and 2009, hitting a record high of 2.8 million.² While the potential effects of housing instability are numerous, one

Housing Instability and Health: Findings from the Michigan Recession and Recovery Study

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important aspect is the consequences for health. Using new data from the Michigan Recession and Recovery Study (MRRS), a population-based sample of working-aged adults, we examine the association between many different types of housing instability and several measures of health. Our findings suggest the importance of distinguishing different types of housing instability and using appropriate risk groups and comparison categories, as

well as considering characteristics such as human capital and prior housing and health problems, since housing instability may be a link on the pathway between these factors and subsequent health problems, rather than a cause itself for health decline.

Existing Research

In previous studies, the term "housing instability" has referred to a variety of problems, from frequent moves or

Key Findings

- Using new data from the Michigan Recession and Recovery Study, we find that about one-third of respondents recently experienced some type of housing instability. Even after adjustment for individuals' sociodemographic characteristics, many forms of housing instability were significantly associated with negative health outcomes.
- Respondents who were behind on their mortgage or who had gone into the process of foreclosure were more likely to report fair/poor self-rated health and to have had a recent anxiety attack than mortgage holders without any recent housing instability.
- Those behind on their rent were more likely to meet criteria for major or minor depression than renters with no housing instability.
- Respondents who had been foreclosed on recently were more likely to meet criteria for major or minor depression and to have had a recent anxiety attack.
- Homelessness in the past 12 months was associated with greater likelihood of reporting fair/poor self-rated health and meeting criteria for major or minor depression.
- Respondents who moved for cost in the past three years were substantially more likely to report an anxiety attack than those with no recent housing instability.

1. Bennett, Gary G., Melissa Scharoun-Lee, and Reginald Tucker-Seeley. 2009. "Will the Public's Health Fall Victim to the Home Foreclosure Epidemic?" *PLoS Med* 6:e1000087; Pollack, Craig Evan and Julia Lynch. 2009. "Health status of people undergoing foreclosure in the Philadelphia region." *American Journal of Public Health* 99:1833-1839.

2. Wong, Venessa 2010. "Foreclosures: An Increase of 21% in 2009 and Climbing." *Bloomberg BusinessWeek*, January 14, 2010.

difficulty paying rent to being evicted or being homeless.³ Prior to the Great Recession, most research focused on the health consequences of severe forms of housing instability among disadvantaged populations. A 2001 study, for example, found increased risk for earlier death, chronic diabetes, and tuberculosis for homeless individuals.⁴ Studies also suggest that the stress associated with a housing loss, crowding faced by those who have to share housing to save money, or changes in environmental conditions after an involuntary move could link housing instability to changes in health or health behaviors. These health consequences can include anxiety and depression, cardiovascular disease, substance abuse, unhealthy eating, and disruption in important social networks and supports, such as friends, family, and trusted health care providers.⁵

However, the literature on housing instability has a number of limitations, including:

- A focus on selected segments of the housing market, such as only homeowners,⁶ only renters,⁷ or only those experiencing another particular form of housing instability, making it difficult to know which types of housing instability are differently associated with health;
- A lack of attention toward how preexisting health problems and other social disadvantages may lead to both housing disruptions and subsequent health problems;

Table 1: Types of Housing Instability and Respondents Asked About Each Type**

Type of Housing Instability	Who Was Asked
Multiple moves	All respondents
Moved due to cost in past 3 years	All respondents
Doubled up in past 12 months	All respondents
Homeless in past 12 months	All respondents
Behind on rent	If renting at time of interview
Evicted in past 12 months	If did not currently own/ was not buying a home
Behind on mortgage/currently in foreclosure	If currently paying a mortgage at time of interview
Foreclosed in 2007 or later	If ever owned a home
Previous Housing Instability (before 2007)	All respondents*

* Current homeowners and those paying a mortgage were not asked about evictions, and those who had never owned a home were not asked about foreclosure experiences, but all respondents were asked about one or the other of these experiences.

** See Appendix A in the *Housing Instability and Health: Findings from the Michigan Recession and Recovery Study* working paper for the question text and coding strategy for each type of housing instability: http://npc.umich.edu/publications/working_papers/?publication_id=219&

- Little research on the effects of foreclosure on health;
- Limited knowledge about the well-being of people who have not yet lost their housing but are currently behind on their rent or mortgage or in the process of losing their homes.

Data and Methods

Our research examines the instability experiences of individuals from a variety of socioeconomic circumstances and housing statuses and the associations between the different types of instability and health. We use the Michigan Recession and Recovery Study (MRRS), a new study following a stratified random sample of non-institutionalized, English-speaking adults aged 19-64 who lived in Southeastern Michigan. The data were collected via in-person interviews

occurring between late 2009 and early 2010. Reflecting the racial make-up of the Detroit metropolitan area, most respondents are either African Americans or non-Hispanic whites. For the analyses presented below, we include data from the 894 respondents who did not have any missing data (with the exception of missing income data, for which we included a missing category).

Types of Housing Instability

Table 1 describes the eight types of housing instability we examined and the different groups of respondents at risk for each type.

Health Measures

We use four measures of health: self-rated health, depression, anxiety attack, and problematic alcohol use. Self-rated health is measured by the question, “Would you say that your health in general is excellent, very good, good, fair, or poor?”

3. Gilman, S.E., I. Kawachi, G.M. Fitzmaurice, and L. Buka. 2003. “Socio-economic status, family disruption and residential stability in childhood: relation to onset, recurrence and remission of major depression.” *Psychol Med* 33:Psychol Med; Kushel, M.B., R. Gupta, L. Gee, and J.S. Haas. 2006. “Housing instability and food insecurity as barriers to health care among low-income Americans.” *Housing instability and food insecurity as barriers to health care among low-income Americans* 21: 71–77;

4. Hwang, Stephen W. 2001. “Homelessness and health.” *Canadian Medical Association Journal* 164:229-233.

5. Nettleton, S and R. Burrows. 2000. “When a capital investment becomes an emotional loss: the health consequences of the experience of the mortgage possession in England.” *Housing Studies* 15:463-479; Ross, Lauren M and Gregory D. Squires. 2011. “The personal costs of subprime lending and the foreclosure crisis: A matter of trust, insecurity, and institutional deception.” *Social Science Quarterly* 92:140-163.

6. Pollack, Craig Evan and Julia Lynch. 2009. “Health status of people undergoing foreclosure in the Philadelphia region.” *American Journal of Public Health* 99:1833-1839.

7. March, Elizabeth, Stephanie Ettinger de Cuba, John T. Cook, Kathryn Bailey, Diana Becker Cutts, Alan F. Meyers, and Deborah A. Frank. 2011. “Behind closed doors: The hidden impacts of being behind on rent.” Children’s HealthWatch, Boston, MA.

Respondents reporting poor or fair health are coded as “1,” while those reporting excellent, very good, or good health are coded “0.” Depression and anxiety attacks were measured using scales developed for the Patient Health Questionnaire (PHQ). We use the Alcohol Use Disorders Identification Test (AUDIT), a validated scale that measures recent alcohol use, alcohol dependence symptoms, and alcohol related problems.

We also include measures of prior health to address the possibility that preexisting health problems selected respondents into both housing instability and subsequent poor health. Prior problems include a measure of chronic health problems diagnosed at least three years before the baseline interview and an indicator of being diagnosed with any emotional, nervous, or psychiatric problems at least three years ago.

Table 2: Housing Instability among Eligible Respondents*

Type of Housing Instability	% of Overall Eligible Sample*
No instability	70.4
At least one type of housing instability	29.6
Multiple moves in the past 3 years	11.8
Moved due to cost in past 3 years	10.5
Doubled up in past 12 months	7
Homeless in past 12 months	2.1
Behind on rent*	9.6
Evicted in past 12 months*	3.1
Behind on mortgage/currently in foreclosure*	13.1
Foreclosed in 2007 or later*	3.1

* For each of these types of housing instability, only those who were eligible for the appropriate risk group reported on the housing instability experience (i.e. only renters were asked about being behind on rent).

** The housing instability categories are not mutually exclusive. For example, a respondent could have reported being behind on the rent but also an experience of homelessness in the past 12 months and a move for cost within the previous three years.

Results

In this section we present results first on the prevalence of housing instability in this sample, then on the profiles of those experiencing the various types of housing instability, and finally on the associations between the different types of housing instability and our health measures. We compare respondents with no housing instability to those who had a particular type of housing instability, considering each type of instability separately and for the appropriate risk group.

How Much Housing Instability Was There in the Wake of the Great Recession?

Table 2 shows the percent of MRRS respondents reporting each of the eight types of housing instability. While levels of each type of housing instability are relatively low (e.g., just under 12 percent of the sample reported multiple moves within the past three years; 13 percent of current homeowners were behind on their mortgage or in foreclosure), almost one-third of MRRS respondents recently experienced some type of housing instability.

Who Experiences Housing Instability?

Experiences of different types of housing instability are not distributed equally among all groups. Table 3 below illustrates these results for several of the demographic characteristics we measured, using a “+” to

show that a particular demographic group was significantly more likely to experience that type of housing instability, compared to those with no housing instability. Similarly, a “-” signifies that a demographic group was significantly less likely to experience that form of housing instability. Respondents reporting multiple moves, moves for cost, doubling up or homelessness were significantly more likely to be African American and to be poor or near poor. Respondents who moved for cost were less likely to be married or cohabiting compared to those with no housing instability and also less likely to hold a bachelor’s degree or more compared to the stably housed.

Is Housing Instability Related to Health?

Many of these types of housing instability are associated with the measures of health used in the MRRS study, but we assess associations net of the sociodemographic characteristics that predict housing instability, including those presented in Table 3. Even after adjustment for individuals’ sociodemographic characteristics, we find that many forms of housing instability are associated with negative health outcomes. Table 4 illustrates these results, using “+” to indicate that those experiencing a type of housing instability are also significantly more likely to experience a negative health outcome.

Table 3: Sociodemographic Profiles of Each Type of Housing Instability

	Female	African American	Married/ Cohabiting	Bachelor’s Degree or More	Currently Unemployed	Poor or Near Poor
Multiple moves in past 3 years		+				+
Moved for cost in past 3 years		+	-	-	+	+
Doubled up in past 12 months		+		-	+	+
Homeless in past 12 months		+			+	+
Behind on rent				-		
Behind on mortgage/in foreclosure		+		-		+
Evicted in past 12 months	+	+				+
Foreclosed since 2006	+	+				+

+ significantly more likely to experience that form of housing instability

- significantly less likely to experience that form of housing instability

Table 4: Associations between Health Outcomes and Housing Instability from Multivariate Regression Models*

	Self-Rated Health	Major or Minor Depression	Anxiety Attack	Alcohol Abuse
Multiple moves in past 3 years (all)				
Moved for cost in past 3 years (all)			+	
Doubled up in past 12 months (all)				
Homeless in past 12 months (all)	+	+		+
Behind on rent (renters)		+		
Behind on mortgage/in foreclosure (owners)	+		+	
Evicted in past 12 months (did not own/ not currently buying a home)				
Foreclosed since 2006 (previous and current owners)		+	+	

* All cells in this table represent separate logistic regression models that adjust for respondents' age, sex, race, partnership status, educational attainment, income-to-needs ratio for 2008, and indicator of earlier health problems. Earlier chronic condition diagnosis used in fair/poor self-rated health models, earlier mental health diagnosis used in harmful or hazardous alcohol use, major or minor depression, and anxiety models.

+ significantly more likely to experience that negative health outcome

Foreclosure, homelessness, and being behind on rent are significant predictors of major or minor depression, while moving for cost, being behind on mortgage payments or in the foreclosure process, and having been through a recent foreclosure were associated with anxiety attacks. Homelessness and being behind on one's mortgage or in the process of foreclosure were associated with fair/poor self-rated health, while only recent homelessness was associated with harmful or hazardous alcohol use. However, we find that housing instability experiences like frequent moves, doubling up, and eviction are not associated with substantially poorer health after adjusting for the characteristics of respondents who had these experiences. While our sample is small (and thus some caution should be exercised when interpreting results), our findings highlight the importance of distinguishing various types of housing instability experiences and their respective associations with health.

Conclusion

The results of our study show that while some of the associations between health and housing are explained by lower incomes,

education, or other social disadvantages of people who experience housing instability, some forms of instability common in the wake of the Great Recession may have an independent influence on health. Consequently, our findings highlight the importance of distinguishing different types of housing instability, their respective associations with health, and having a sample of respondents from across the socioeconomic spectrum.

Additionally, our study suggests that focusing only on those who lose their housing is insufficient. Those who have not yet lost their housing (for example, those who are behind on housing payments) may experience negative health outcomes and should thus be considered in policy discussions on housing and health. Taken together, our results suggest the need for continued exploration of the nature and extent of housing instability, its connections with health, and potential ways to intervene and groups to target. Such information will be critical for both academics and policymakers in the long shadow of the Great Recession.

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