Housing as a Determinant of Health: Exploring the Role of Housing and Homelessness Organizations in Increasing Access to Resources and Overcoming Barriers to Adequate and Healthy Homes

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HOUSING AS A DETERMINANT OF HEALTH: EXPLORING THE ROLE OF HOUSING AND HOMELESSNESS ORGANIZATIONS IN INCREASING ACCESS TO RESOURCES AND OVERCOMING BARRIERS TO ADEQUATE AND HEALTHY HOMES

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HOUSING AS A DETERMINANT OF HEALTH: EXPLORING THE ROLE OF HOUSING AND HOMELESSNESS ORGANIZATIONS IN INCREASING ACCESS TO RESOURCES AND OVERCOMING BARRIERS TO ADEQUATE AND HEALTHY HOMES

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ABSTRACT

Across the United States, there are a multitude of barriers that stand in the way of obtaining adequate housing and additional resources that can assist with accessing housing. These barriers disproportionately impact low-income individuals and communities (Gold, 2016), and further contribute to inequity by negatively impacting the health of these individuals and communities (Swope & Hernández, 2019; Taylor, 2018). The current study explores housing organizations’ potential role in overcoming these barriers by focusing on the work of one housing organization in the Greater New Haven and Fairfield Counties of Connecticut: New Reach. 17 participants enrolled in New Reach programs were interviewed about their perceptions of program services and the impact these services had on their lives. Data analysis was conducted using deductive thematic analysis which applied Sylvestre et al.’s (2018) framework for understanding perceptions of housing and shelter – materiality, spatiality, and meaningfulness – to the data. An additional code of areas of need/challenges emerged from the data. Through these interviews, it became clear that the organization served as a mediator and steppingstone to healthy homes. Program services provided a roof over clients’ heads, access to a network of resources previously unknown, and an area of refuge and community. Dissemination of information across communities was an area of weakness. A more systematic and coordinated approach to providing resources in communities can be a widespread and beneficial way of addressing this challenge (Gutman et al., 2019; Zlotnick et al., 2013). Understanding the impact housing organizations have on reducing barriers can lead to opportunities for future grants and funding to increase and expand the capabilities of these organizations, thus increasing and expanding the capabilities of communities across the country.
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Introduction

The increasing number of unhoused individuals coupled with the declining amount of available housing units in the United States has the potential to be the defining public health crisis of the 21st century. Not only have the effects been detrimental to individual health, but lack of quality housing, and housing overall, affects the health of the entire community (Keithley, 1993; Taylor, 2018). Health is a central aspect of living an adequate and fulfilling life. Without one’s health, the ability to participate in and contribute to society severely diminishes (Gold, 2016). The role of communities cannot be understated, as it plays a huge part in the quality of life. Geographic relation to transportation, school districts, parks, shops, and further economic opportunity all contribute to community and thus individual wellbeing (Gutman et al. 2019).

However, substandard housing conditions more frequently impact low-income communities that are located in areas that are isolated from resources and are unable to maintain adequate housing (Gold, 2016). The health of both communities and individuals is dependent on more than just healthcare services. Necessities such as housing, food, clothing, education, employment services, and so much more show the all-encompassing nature of health and what contributes to a healthy life (Zlotnick et al., 2013). Now, more often than ever, the ability to maintain health and gain access to basic necessities ties back to housing and the quality of where one resides.

Statement of the problem

Across the United States, there is a dearth of adequate housing. There are a multitude of barriers that stand in the way of obtaining adequate housing and resources that can assist with finding housing, and these barriers disproportionately impact low-income individuals and communities (Gold, 2016). As prior research has established, housing is a determinant of health,
and barriers to housing and housing resources are negatively impacting the health of individuals, further contributing to inequity (Swope & Hernández, 2019; Taylor, 2018).

In some cases, once individuals are connected to a housing organization for assistance, their access to further resources seems to increase. However, the specific role that housing organizations play in overcoming barriers and increasing access to adequate housing and healthy homes is not clearly understood. The current study seeks to work towards answering this question of housing organizations’ potential role by focusing on the work of one housing organization in the Greater New Haven and Fairfield Counties of Connecticut: New Reach. Comparing this specific area to the country as a whole while also detailing the specific resources offered by New Reach allows for insight into what programs may be most beneficial and what other organizations could do to ensure that the communities they serve are able to have access to and maintain healthy homes.
Literature Review

Access to affordable and adequate housing has long been an issue for much of the U.S. population, especially those who are low-income and live in poverty (Gold, 2016; Hernández & Swope, 2019). Although it may seem that housing is an issue on its own, barriers to adequate housing give rise to multiple concurrent problems. From an individual’s health to the health of entire communities, housing plays an integral role (Thiele, 2002; Zlotnick et al., 2013). Inequalities in housing affect every aspect of one’s life, often exacerbating other issues that, on the surface, may seem unrelated (Gold, 2016; Zlotnick et al., 2013). There are countless barriers to adequate housing, with two of the most prominent being income inequality and the overall lack of affordable and adequate housing (Desmond & Kimbro, 2015; Hernández & Swope, 2019). Federal, state, and local resources are available to assist individuals in times of need such as housing assistance, legal services, and food assistance (usa.gov), but unfortunately, there are often barriers to obtaining these resources as well. The following review will discuss these barriers and the subsequent impacts on health that have been examined in relevant peer-reviewed research. The potential role of housing organizations in addressing and overcoming these barriers will also be discussed.

Income Inequality

In recent years, it has become ever more obvious that the price of housing, both owning and renting, has increased to a greater extent than the increase in wages over the same measure of time (usafacts.org). It has also become clear that this negatively affects a specific group of the population: low-income communities. More than half of low-income households are spending over 50% of their income on housing alone, leaving little resources available for other basic
necessities (Cutts et al., 2011; Desmond, 2018; Desmond & Kimbro, 2015; Wood et al., 1990). As the market prices increase, more and more communities are being left behind. Financial insecurity and income in general have been linked to morbidity and negatively impact both the physical and mental health of families (Houshyar et al., 2023; Ridley et al., 2020). If a change is not made soon, the current income inequalities and housing market trajectories leave the door open for multigenerational inequality reproduction (SmithBattle, 2019). Just as income distribution is unequal, exposure to substandard housing is distributed unequally as well (Gold, 2016; Krieger & Higgins, 2002). For some groups, not just low-income folks, there are structural and systemic inequalities that exist, putting them at a further disadvantage. Bassuk (1993) discussed how women specifically face hardships in an intensified form because of these structural and historical inequalities. Additionally, racial disparities are present in income distribution, especially when it comes to how communities and residential areas have historically been designed.

Zoning & Gentrification

Zoning, a “land-use planning tool”, often negatively impacts poor, low-income, minority communities compared to the rest of the population (Maantay, 2001, p.1033). The most common issues that arise with zoning involve waste-related facilities, negative environmental impacts, and pollution. This disproportionately impacts poorer communities that cannot afford to move away or prevent this structuring. Historically, zoning in the U.S. was used as a way to protect the health of communities by determining areas where waste and toxins could be handled. However, like with much of U.S. history, there were exclusionary practices involved in zoning, leading to unequal distribution of waste-designated land usage (Maantay, 2001; Swope & Hernández, 2019). These practices are deemed acceptable because low-income populations are often viewed
as “less than” in society (i.e., lack of social capital and power), and this leads to yet another barrier faced by these populations.

Similarly, gentrification – the process of wealthier people moving into typically poor urban areas to improve housing and attract new business – has become an increasingly common occurrence in highly populated urban areas, such as New York City. This leads to the displacement of many residents, specifically lower income residents who can no longer afford to live in the neighborhoods they and their families have resided in for generations (Zlotnick et al., 2013). Not only does gentrification put people out of their housing and community, but it often also increases their barriers to accessing healthcare (Lim et al., 2017). This effect further increases health inequities among the population in addition to the increased risk of suffering from negative physical and mental health impacts because of displacement (Lim et al., 2017). Residents as a result are more likely to make emergency visits, demonstrating the displacement in access to primary healthcare (Lim et al., 2017). The very nature of gentrification inherently contributes to the loss of low-income housing options for individuals on the edge of literal homelessness (Zlotnick et al., 2013).

**Lack of Affordable & Adequate Housing**

A leading cause of homelessness today is the overall lack of affordable housing (homelesslaw.org). Of the affordable housing stock that does exist, much of it can be considered substandard. Public housing residents often encounter poor conditions that compromise their health and safety, further limiting access to *adequate* affordable housing (Hernández & Swope, 2019). Many individuals and families are left with no choice, forcing the acceptance of these substandard housing conditions (Cutts et al., 2011; D’Alessandro & Appolloni, 2020). This
causes strains not only on finances, but on health as well because hazardous housing conditions expose residents to a greater range of health risks. Often when it comes to issues that only affect lower income members of the population, there is, unfortunately, greater leniency in what can be ignored or left to deal with “later”, as little progress has been made to reduce any health and housing disparities among disadvantaged groups (Jacobs et al., 2009).

Residents that most often face these substandard conditions are forced to do so because they are “confined to areas where the housing stock is poorly maintained” (Gold, 2016, p.60). Eviction, which low-income residents are more likely to experience, also impacts housing opportunities beyond a single instance. Following a formal eviction, a person will forever have documentation on their record, often impacting their ability to secure adequate and affordable housing in the future (Gold, 2016). Landlords, especially in the affordable housing sector, have control over multiple properties and the market in which these properties exist, so once a tenant has an eviction on their record, their landlord and the others in the affordable housing sector are aware of the eviction (Gold, 2016). Although unfair, there are long-lasting impacts of having an eviction record that often prevents individuals and families from acquiring stable housing for a while after the eviction has occurred (Desmond & Kimbro, 2015; Gold, 2016).

For most people housing is a refuge from the outside world. If the housing one resides in is unhealthy or inadequate in any way, it can negatively affect multiple aspects of life and the family dynamic (Hernández, 2016). Housing problems, especially ones that cause financial strain, can increase familial tensions, and create a hostile environment that no longer feels like a refuge from the outside world (Hernández, 2016). Having access to adequate housing is not solely a housing issue, it affects entire structures of life, family, and community.
**Barriers to Other Resources**

For low-income people looking to obtain housing, there are a variety of resources that are meant to be available to them; not only housing and rental support, but other services such as legal services, utility assistance, and other community resources (usa.gov). However, information about these services is not widely known, resulting in those who need the services experiencing difficulty getting into contact with said services. For those who are able to reach out to support services, the demeanor of the staff and perceived amiability is a huge factor in determining future interactions and whether or not they feel comfortable contacting resources on their own (Barile et al., 2020; Zlotnick et al., 2013). Some of the most common barriers to said services, aside from lack of awareness, include institutional restrictions and rules, location, paperwork requirements, perceived stigma, negative demeanor of staff, and inconvenient hours (Barile et al., 2020; Zlotnick et al., 2013).

For healthcare resources specifically, low-income people most often experience barriers related to a lack of coverage, the expensive cost of care, poor access to services and providers, difficulties with transportation, lack of flexibility required to be able to take time off for appointments, and an overall lack of trust in providers or the health care system (Anakwenze & Zuberi, 2013; Houshyar et al., 2023; Zlotnick et al., 2013). Many of these barriers are related to where one lives, as location is a key factor in accessibility and quality. Primary care physicians and geographic barriers to care disproportionately affect low-income, minority communities, especially Black communities. These geographic barriers tie back to policies that were created in the wake of racial segregation, demonstrating the need to improve policies to deconstruct historical injustices and inequities (Gaskin et al., 2012).
Crawford and colleagues (2011) conducted a study specifically looking at the barriers faced by young, pregnant women. Of these women that are homeless, many lack high school diplomas or other certifications that would assist with obtaining employment, housing, and healthcare. Barriers to resources such as welfare support, prenatal care, and mental health support can have lasting and detrimental impacts on not only the mother, but the child as well (Crawford et al., 2011). However, providing only one of these services alone is not enough to address the concurrent struggles that still negatively affect these women. Providing safe and stable housing is the first step to improving the outcomes, and coupled with the necessary resources, these women can go on to live happy and healthy lives with their children (Crawford et al. 2011).

**Impacts on Health**

The negative consequences that inadequate housing has on an individual’s health disproportionately impact low-income communities (Anakwenze & Zuberi, 2013; Gold, 2016; Hernández & Swope, 2019). Housing’s largest impact on health occurs through its quality and location, which are shown to be related to physical and mental health, environmental exposure, and accessibility, or lack thereof, to healthcare services (Fenelon et al., 2017; Marquez et al., 2019). Andersen et al. (2018) discussed the association between residing in lower income, “disadvantaged neighborhoods” and higher mortality, with housing quality related negative outcomes such as lead poisoning and respiratory illness contributing into these health disparities (Andersen et al., 2018, p.6; Gold, 2016). Poor conditions of substandard and inadequate housing such as water leaks, poor ventilation, dirty carpets, and pest infestation can lead to an increase in mold, mites, and other allergens while also contributing to health problems such as infectious
and chronic diseases and injuries (Hernández, 2016; Robert Wood Johnson Foundation, 2011). The indoor environment of housing is crucial to health because that is often where individuals spend most of their time and are especially vulnerable. Studies have shown that elevated exposure to indoor toxins such as pesticides, pest allergens, secondhand smoke, and chemicals can result in respiratory irritation, asthma, and cancer (Adamkiewicz et al., 2014). Additionally, indoor temperature conditions have a huge impact with extreme low and high temperatures being associated with increased mortality, and specifically cold conditions being associated with an increased risk of cardiovascular disease and negative mental health outcomes (Liddell & Guiney, 2015; Robert Wood Johnson Foundation, 2011).

Inadequate housing conditions impact not only physical health, but mental health as well. Although mental health is often seen as an invisible issue, it is just as important and impactful to overall wellbeing as physical health. Conditions such as anxiety, depression, and overall psychological distress can be exacerbated by economic insecurity and housing struggles (Anakwenze & Zuberi, 2013; Hernández, 2016). Anakwenze and Zuberi (2013) touch upon the cyclical nature between poverty, specifically in urban environments, and poor mental health, with the two often reinforcing each other. Thus, it can be nearly impossible to break this cycle and improve one’s health if the environment reinforcing the negative health outcomes is unchanged.

Children’s Health

To an even deeper extent, inadequate housing can negatively impact child health and development (Robert Wood Johnson Foundation, 2011; Weitzman et al., 2013). Not only does exposure to environmental toxins and poor air quality contribute to childhood asthma, but so do
poor conditions of the home environment (Bashir, 2002; Rauh et al., 2008). Children spend much of their time at home, so living in a substandard environment increases their exposure to common asthma triggers. Housing conditions such as poor drainage, building structural problems, and leaky roofs can increase the risk of asthma further (Jacobs, 2011). Additionally, one of the most widely known childhood health threats is lead poisoning due to lead-based paint in older homes and lead-contaminated soil (Adamkiewicz et al., 2014). In the past, improvements such as sanitation, reduced household crowding, and improvements in housing regulations have led to “advances in children’s health” (Weitzman et al., 2013, p.188), so why not learn from previous successes and continue to strive for change and healthy communities.

Homeless children are most often recognized as being vulnerable to health risks, but children experiencing housing insecurity can be just as vulnerable (Cutts et al., 2011). The lack of stable environment in particular has been associated with insufficient health, growth, and development in children (Cutts et al., 2011). Substandard and unstable living invites opportunity for immediate safety risks, too, with children in these environments at increased risk for “fire and scald burns” (Gielen et al., 2012, p.1054). The overall implications of this are that substandard housing, which is most likely to be available and affordable, has a multitude of health risks that often go unaddressed.

_Detrimental “Survival” Tactics_

Often times those struggling to maintain their housing will resort to strategies that are not always safe. In the winter, in order to heat insufficiently insulated homes, residents will resort to using ovens or space heaters, which leads to an increased risk of carbon monoxide poisoning, and other unhealthy outcomes (Hernández, 2016).
For others, survival tactics involve making decisions about what to cut out of their life to save on finances. Financial strain in general can impact health issues such as chronic conditions, depression, and mortality. However, it can also be the cause of greater health issues when an individual is forced to make a decision between paying rent or paying for medication. According to Pollack et al. (2010), those struggling to afford housing were more likely to report medication non-adherence related to financial strain. Those in times of crisis will often be forced to make extremely difficult decisions to survive, even if they end up being detrimental to their health.

Framework

One way to examine the impacts that housing has on health is through categorical frameworks. D’Alessandro and Appolloni (2020) chose four broad categories for housing and neighborhood factors that influence health: residential instability, affordability, housing safety and quality, and the neighborhood. Similarly, Swope and Hernández (2019) produced a framework to understand the impacts housing has on health, coining it the 4 C’s of housing: cost, condition, consistency, and context. Another model, the housing niche model, takes the perspective of the social determinants of health, touching on the impact of policies that disproportionately impact disadvantaged populations (Saegert et al., 2011). Thus, any health inequities, especially related to housing, are a reflection of the broader inequities in society (Saegert et al., 2011). Another study by Sylvestre et al. (2018) applied Dunn’s (2002) dimensions of housing as a determinant of health – materiality, spatiality, and meaning – to perceptions of housing. Through the lenses of these frameworks, the impacts that housing has on health, particularly the negative impacts, can be broken down and applied to countless communities across the country.
Housing and Homelessness Organizations

For many, facing these barriers to resources and services alone is impossible. Countless are ill-informed about what services are available to them, and for those that are aware, they are often still unable to get into contact with support services. Housing and homelessness organizations can be one way to connect disadvantaged populations to the services necessary for help. Once an individual enters a housing organization and is connected to a caseworker, the caseworker assists the client in areas beyond housing, such as connecting them to other community resources (Zlotnick et al., 2013). Although this is helpful, one should not have to go through another organization just to get access to basic information and resources necessary for addressing their needs.

Greenwood and colleagues (2022) looked at perceptions of available homeless services among adults who have experienced homelessness. Referred throughout their work as “TAU” or “treatment as usual”, this term includes services such as drop-in centers, outreach, short-term accommodation, transitional accommodation, and group homes that are available to community members (Greenwood et al., 2022). It is often the case that in order to access these services, individuals are entering into highly structured environments with a multitude of rules to follow. For some, having to follow the rules in order to access the services is not worth it. This current system for service delivery is not perfect, but it is a step up from literal homelessness. The issue arises when an individual’s option for choice is no longer at hand, feeling like a loss of empowerment (Greenwood et al., 2022). Although these services have capabilities-enhancing features, the constrictions in choice can reduce one’s options and sense of freedom. It would take a coordinated effort at multiple levels to be able to provide the necessary support and services.
that can truly enhance the capabilities of individuals and provide a true sense of freedom (Greenwood et al., 2022).

In Hawaii, the Housing First initiative, which is a community program driven by the clients themselves, has the potential to be transformative in the lives of those facing housing insecurity (Pruitt et al., 2018). The initiative places clients into the housing of their choice and connects them with case management services to work towards transformative change in their lives (Pruitt et al., 2018). By treating the clients as citizens without stigma, they are given the opportunity to reconnect with their community and recover more wholly (Pruitt et al., 2018). (Pruitt et al., 2018). Programs such as this provide individuals with the benefits of adequate housing such as increased privacy, opportunity to rest, and improved mental health to name a few (Pruitt et al., 2018). While there will still be struggles encountered for many, it is important to acknowledge the power that working as a community holds and how adequate and healthy housing can be restorative for individuals who have struggled for much of their life. Working together as community members and researchers, there can be an exchange of knowledge and resources that benefit both sides and lead to more rewarding and fulfilling community engagement.

**Statement of Purpose**

Recognizing that housing is an integral part of health and wellbeing and that those who are experiencing inequality in housing opportunities are at a life-threatening disadvantage is a vital step towards addressing the inequalities discussed above. This thesis is an effort to expand research to inform policy that addresses these barriers and shortcomings. By examining the role that housing organizations play in overcoming barriers, service gaps can be highlighted, as well
as what resources could be more accessible to those who need them most. This research is the first step in developing more effective services provided by housing and homeless services organizations.

While this current study is limited and exploratory in nature, potential themes developed may be a useful contribution to the literature and allow for further exploration of a lesser-known aspect of the relationship between health and housing. Gaining a greater understanding of what has been successful and what can be improved has the potential to inform other housing organizations across the country facing similar problems. Additionally, any themes and further understanding resulting from this thesis has the potential to inform policy change under the same scope of knowledge.

Research Questions

The research questions that guided this study were: What role do housing organizations play in addressing and/or overcoming barriers to adequate and healthy homes? How can this information be utilized to address barriers and gaps in resources to strive towards greater awareness and healthier communities overall?

Method

Setting

All secondary data was derived from interviews with clients of New Reach, Inc. (newreach.org). New Reach is a nonprofit homeless services organization with two locations that serve Greater New Haven County and Fairfield County, both of which are in Southern
Connecticut. All participants were clients in either the Stable Housing Program or the Stable Families Program. The interviews and focus groups were conducted between 2018 and 2019.

New Reach’s Stable Housing Program provides long-term, affordable housing with support services, including: housing search and find; provision or medium to long-term housing subsidies; case management services focused on common experiences, goal planning, and developing skills; assistance with accessing employment training and/or career development advancement; and coordination of, or assistance with, crisis intervention/crisis stabilization as needed (New Reach, n.d.). The Stable Families Program is designed to assist families in preventing eviction and avoiding homelessness through: coordination with legal services; landlord/tenant mediation; assisting with accessing basic needs; assistance with accessing employment training and/or career development advancement; and the provision of, linkages to, or assistance with skill development to enable the person served to perform daily living activities, including budgeting, personal care, meal planning, home maintenance, and other identified needs (New Reach, n.d.).

The 2019 community wellbeing indexes from CT DataHaven for Greater New Haven County and Fairfield County compares the two areas to the U.S. overall using ACS data. The Community Wellbeing Index incorporates 12 different indicators into a score that allows for comparison across different geographic areas (Abraham et al., 2019a; Abraham et al., 2019b). These indicators include opportunity youth, health insurance, high school graduates, unemployment, young child poverty, workers with short commute, poverty, severe housing cost burden, preschool enrollment, life expectancy, youthful labor force, and median household income (Abraham et al., 2019a; Abraham et al., 2019b). Rated on a scale from 0 to 1,000. The United States boasts a score of 594 overall, the state of Connecticut boasts a score of 657 overall,
Greater New Haven County has a score of 652, and Fairfield County has a score of 655. Both Counties are slightly under the state’s number, but greater than the overall U.S. number. According to these reports, Fairfield County ranks 15th nationally on the index, with Greater New Haven just below, coming in at 17th nationally.

Participants

A total of 17 participants were interviewed across two different agency programs. Eight total participants were enrolled in the Stable Housing Program, with four enrolled in the Greater New Haven County division and four enrolled in the Fairfield County division. Nine total participants were enrolled in the Stable Families Program. The Stable Housing Program serves homeless and unstably housed families with members affected by HIV/AIDS, homeless individuals and families with medical and behavioral health disabilities, and chronically homeless individuals and families. The Stable Families Program serves low-income households going through eviction or at imminent risk for eviction. All participants were adults over the age of 18.

Measures

Interview and focus group questions were focused on participants’ perceptions of the programs they were enrolled in and the impact the program services have had on their lives. See Appendix A for interview and focus group questions.

The Community Wellbeing Index was derived from CT DataHaven data and incorporates 12 indicators into a single score (Abraham et al., 2019a; Abraham et al., 2019b). The indicators are opportunity youth, health insurance, high school graduates, unemployment, young child poverty, workers with short commute, poverty, severe housing cost burden, preschool
enrollment, life expectancy, youthful labor force, and median household income. The purpose of including this public data is to further describe the New Haven and Fairfield County areas, with the intent of comparing these areas’ numbers to the national numbers obtained through Census American Community Survey (ACS) data. CT DataHaven data is derived from the DataHaven Community Wellbeing Survey, which consists of in-person interviews with randomly selected adults in Connecticut.

**Procedures**

Interviews and focus groups with program participants were conducted by Quality Assurance team members and Shelter Social Workers with the purpose of obtaining feedback to improve the program. All program participants were contacted to participate, and those that agreed to participate were thus interviewed. The four Fairfield County Stable Housing Program interviews were conducted over the phone and lasted 45 minutes. All other interviews and focus groups were conducted in person.

**Analysis**

Data analysis was conducted using deductive thematic analysis on the qualitative data acquired from New Reach’s anonymous, semi-structured client interviews and focus groups from 2018 to 2019. Using Sylvestre et al.’s (2018) framework for understanding perceptions of housing and shelter derived from Dunn’s (2002) dimensions of housing, the themes of materiality, spatiality, and meaningfulness were applied to the data. An additional code emerged pertaining to overall areas of need/challenges. Coding focused on the clients’ experiences with the organization as well as their experiences with other outside resources accessed through the organization.
Data surrounding community wellbeing from CT DataHaven was incorporated into this project as an additional descriptor of the research setting. A secondary analysis of both the qualitative and quantitative data was conducted to examine and explore the role that one housing organization plays in overcoming barriers to healthy homes and the relationship it has to the overall community.

Results

All 17 participants enrolled in a New Reach program were assigned a caseworker as a part of the services offered by the respective program. In the context of this thesis, caseworkers are seen as an extension of housing as they are a part of the services provided and one would not be enrolled in either of the programs without being assigned a caseworker. The coding process took this into account when analyzing and applying the deductive themes to interview data.

Perceptions of Program Services

Materiality

Statements coded under “materiality” included instances in which participants discussed their current situation in the program as it related to the “physical quality of housing, exposure to hazards, as well as expenditures, as money spent on housing is money that cannot be spent on food, recreation, transportation, or health and social services” (Sylvestre et al., 2018, p.7). When asked about their current housing situation and condition, four participants detailed feeling comfortable and sufficient. When asked about the impact the SFP program and caseworker has had on their lives, a majority of participants (n=10) brought up aspects of budgeting and the increased ability to pay bills, with one stating:
All of the changes that I have seen since entering the program (SFP) are positive. I think that the help my caseworker has provided me with budgeting and with handling my bills better has made me a more responsible person and mother.

The impact that New Reach services have on clients’ financial knowledge and habits was further emphasized through the following quote:

This program (SHP) has inspired financial independence in me through helping with bill payments by creating payment plans and even matching payments with creditors to help me better manage my finances.

Some (n=3) participants went on to mention how caseworkers often help with providing gifts and presents for them and their children, especially around the holidays. At the most basic level, the services provided by New Reach provide clients with a safe place to sleep at night:

[The SHP program] Helps with rent so there is no longer fear of getting kicked out into the street. They gave me a roof over my head.

Many, if not all, of the programs’ participants have medical conditions, so statements of maintaining health-related goals were mentioned throughout. The impact this materiality dimension has on health can be seen in quotes such as:

My bills have decreased so I have better food and better health. My health status has improved, and I keep up with appointments with my caseworker constantly checking in.

The majority of the data suggests that the services provided to clients by New Reach have had a positive impact on the participants’ lives, specifically relating to the physical and monetary aspects of housing.

Spatiality

Statements coded under “spatiality” included instances in which participants discussed their current situation in the program as it related to the “space available to the occupant(s) of the
housing, the location of housing relative to services and amenities, as well as the social dimensions of housing in terms of opportunities for social relationships and exposure to a social environment comprised of values, norms, and attitudes” (Sylvestre et al., 2018, p.9). Any statements that were related to caseworkers connecting participants to other resources were coded under “spatiality” as these statements were interpreted in terms of proximity to resources in the spatial sense. When asked about their current living situation, four participants discussed their housing in relation to proximity to town, noting how far travel time is and whether common places are accessible by walking or taking the bus. When asked how caseworkers have helped participants and their family, participants most frequently (n=8) discussed the caseworker’s role as a connection to outside resources:

*My caseworker has really helped to bridge the gap and make conversations happen. They act as mediators and are really on top of it. I love it and feel like I’m getting a lot done that I wouldn’t have been able to before.*

When asked what they like most about the SFP program overall, one participant went on to emphasize the impact of resource connection stating:

*Just knowing that I have someone that can help connect me with the resources I need [is what I like the most].*

When asked about SHP program services and perceptions as a participant, one individual mentioned the helpfulness of the groups offered, touching on the social opportunities provided by the programs. Not only did the program provide opportunities for social relationships, but it strengthened the relationship with outside services for some participants, too:

*My relationship with the Housing Authority has changed for the better and I am aware of things that I had no previous knowledge about. I learned about what is expected of me and I feel more comfortable. My caseworker also connected me with [CT] Legal Services,
and I didn’t expect the process to go as well or as smoothly as it did, so it was a good experience.

There was little mention of connections to health-related resources and increased proximity to health assistance. However, when asked what changes have been seen in children and family since entering the SFP program, one participant detailed how their caseworker was able to provide information about mental health:

My caseworker helps a lot with information on housing and orientated us towards mental health services for kids. They even gave my son some tips for managing his mental health.

While it is clear there is an increase in connections to outside resources, it is unclear how many of these resources are specifically health related.

**Meaningfulness**

Statements coded under “meaningfulness” included instances in which participants discussed their current situation in the programs as it related to “how housing serves as a refuge in society, providing a sense of privacy, continuity, feelings of control, orderliness, security, and predictability. In addition, housing can be a source of status, pride, and identity and provide a setting for initiating and maintaining social relationships that can provide social support” (Sylvestre et al., 2018, p.10). The meaningfulness dimension appeared most frequently throughout the interviews and focus groups, especially in the context of the client’s relationship with their caseworker. When asked about the SFP program services and their perceptions as a participant, 12 participants mentioned their personal relationship with their caseworker and how helpful the caseworker has been:
Our relationship is very open, my caseworker is a very nice person with a big heart. She’s like a big sister to me. She really listens to me, and I feel as though I can ask her questions about anything.

Participants commonly mentioned how “life-changing” the SHP program has been for them in a multitude of ways:

My family has become closer because of reduced stress and less tension. I feel like my life has changed dramatically, and I’m able to provide for my family now.

Through time spent in the programs, clients can gain a sense of control and begin to understand that impact that support systems can have on their lives:

I have definitely seen positive changes in my family. We’re very grateful for all the assistance that we get from our caseworker and the [SFP] program. I let my kids know that sometimes things happen and sometimes you need a little bit of help; don’t be afraid to ask for it!

A lot has changed, I am less stressed, more comfortable, and I always feel like someone is in my corner.

There were little mentions of health explicitly under meaningfulness, though it can be argued that overall health, both physical and mental, has the opportunity improve under the conditions that make up the meaningfulness dimension (i.e., a setting for social relationships and receiving social support, sense of security, and sense of identity).

**Areas of Need/Challenges**

Statements coded under “areas of need/challenges” included instances in which participants explicitly stated areas of need or challenges with the agency regarding housing and an overall improved quality of life. Four participants mentioned the lack of bus passes as a challenge, tying into the dimensions of both spatiality and materiality as there is a need for
transportation to get where is necessary, and there are financial strains preventing individuals from transporting without agency-issued bus passes:

_The only thing is that they are stingy with the bus tokens! I think weekly passes would be more helpful for me to get to my appointments and to work because I can’t afford to be spending that kind of money on transportation daily or weekly._

Another common area of need was the desire for the sharing of more resources and information to build skills and further opportunity. Statements like the following demonstrate what many clients are looking for that they feel like agency does not provide:

_You should offer free courses to keep folks busy and build skills, specifically things that can help with making money. More info about college, trainings, and jobs would be really helpful._

Many participants (n=5) also expressed a wanting to be connected to others and have more social experiences for both adults and children, connecting to both spatiality and meaningfulness:

_I want group field trips and social gatherings to get to know people and build community. Just having more social activities would be really nice._

Challenges involving a lack of overall awareness in the community were also mentioned:

_There are a lot of people in housing that don’t know about this program who could really use the assistance._

While it is clear that the services provided through New Reach’s different programs are beneficial in some capacity, there is room for improvement.

**Discussion**

This thesis aimed to explore the role of one housing and homeless services organization in overcoming barriers to healthy homes in the Greater New Haven and Fairfield Counties of Connecticut.
Perceptions of Program Services

Across the dimensions of materiality, spatiality, and meaningfulness, participants detailed their experiences being enrolled in support services programs at New Reach. First and foremost, participants acknowledged the positive impact that having housing had on their overall wellbeing. The sole fact of having a roof over their head and a place to stay at night was life changing for them. These results are similar to findings from Pruitt et al. (2018) where clients that received housing from the Housing First initiative described the transformative life changes that arose from having housing. Additionally, the newly acquired access to resources through the program services, specifically the caseworkers, gave many participants a brand new insight into what is available to help them in all areas of struggle. The invaluable connections that organizations have in communities cannot be understated. The network of resources available through caseworkers can greatly impact clients’ lives, and in many cases, it has the ability to save them. Sylvestre et al. (2018) further highlights the importance of this resource network through their discussion of individuals who had their own housing being vulnerable to continued future housing insecurity without this access to additional resources.

On the more socioemotional end, the program services provided an area of refuge and community, allowing many participants to socialize more frequently than previously allowed. Connection to others and the building of relationships, even just with a caseworker, has a healing impact, especially at times when life can seem helpless. Both Pruitt et al. (2018) and Barile et al. (2020) describe similar findings that highlight the positive impact relationships, both with service providers and others enrolled in the same program, have on individuals’ experiences while receiving an organization’s services. It is clear that New Reach has had a positive impact on the clients it serves, improving their lives in various ways.
Although there seems to be aspects of improved quality of life through the usage of housing organizations and their connections to additional resources, the system is still imperfect, and there continue to be unmet needs. However, the overwhelming occurrence of discussions regarding the caseworker’s role in connecting clients to resources outside of New Reach emphasizes the importance of having these services available. For many, they would have no way of getting into contact with necessary resources, such as legal services, without the knowledge and capabilities of their caseworkers (Barile et al., 2020; Fenelon et al., 2017). Almost all of the challenges raised by participants in the interviews and focus groups were connected to one of the three dimensions (materiality, spatiality, and meaningfulness), further demonstrating the importance of these dimensions when it comes to health and housing. The impacts the programs had on health overall were not mentioned as frequently as anticipated, but much of both programs’ purposes are to assist with health-related aspects. This typically manifests as goal setting related to health behaviors and medication adherence, but by addressing clients’ other needs, health can also improve as a result. Many clients would likely benefit from more direct clinical services or if the organization had connections with local clinics and hospitals.

With all that New Reach’s services do offer, the areas of need and challenges code highlights what roles are still lacking for some. It is one thing to be enrolled in a program and gain access to the services and information available, but it is another to already know that there are organizations out there that are able to provide help. Dissemination of information across communities is an area of weakness, with those in need often not knowing where to begin to look for help. If the knowledge of these programs and what services they provide was widely circulated or known, the amount of people served could increase tenfold. For example, the state
of Connecticut has a Coordinated Access Network (CAN) that allows individuals to dial 211 and then be redirected to the necessary services and/or organizations to receive assistance. However, many are still unaware of this, as Barile et al. (2020) also found that information disseminated through more formal methods may miss the target population. Gutman et al. (2019) proposed the potential benefits of taking a systems approach to addressing needs to ensure healthy homes, which could also be applied to addressing the additional areas of need discussed by participants.

A more systematic approach to providing resources in communities can be more widespread and, in the long run, more beneficial.

**Limitations**

There are a few limitations to this thesis worth noting. First, all data was geographically limited to two urban counties in the southern portion of Connecticut, and thus cannot speak to the experiences of all communities throughout the United States. As noted in the research setting description, these two counties score higher on the Community Wellbeing Index than the U.S. does as a whole and will inherently have different experiences as a result. Another limitation is that all data was collected prior to the COVID-19 pandemic, which had a huge impact on housing, nonprofits, evictions, and available resources. It would be extremely valuable to replicate these interviews with individuals living and struggling in a “post-COVID” world. The final and most pressing limitation involves the source of data being 100% secondary data. The most glaring disadvantage to using secondary data is the limited control over the data quality, as it was collected by someone else for an entirely different purpose. Additionally, using deductive coding coupled with secondary data can lead to biases in coding with the potential to miss important information that did not fit into the preexisting codes.
Implications for Policy & Future Research

Housing is integral to the health of individuals and to the health of communities overall. One of the most prominent issues established in literature is the lack of access to necessary resources. As the interview data suggests, there is a clear benefit of having access to adequate housing and relevant resources. These results, coupled with ideas detailed in Zlotnick and colleagues’ (2013) work, imply that there would be many benefits to be had from a systematic coordination of multiple different community resources. Creating networks of these community resources that cover multiple different domains of health and housing all in the same system would allow for easier and more encompassing access for the average community member. Additionally, Swope and Hernández (2019) emphasize the urgent need to reduce and eventually eliminate barriers to adequate housing. It is a matter of health equity, and there is a need to assess the history of the policies and practices in place now (Swope & Hernández, 2019). Who do these policies really serve and what biases are present (e.g., racial discrimination in historical zoning practices)?

This thesis has highlighted the importance of housing organizations as they are now, which holds implications for the funding available to nonprofits and similar programs as provided by New Reach. Participants’ lives have been positively impacted, thus further opportunities for grants and government funding can allow for an increased impact on more lives in the future. This thesis also highlights the importance of listening to the lived experiences of individuals who are in contact with housing and homeless services. By understanding what their needs are based on their experiences, policies can be created or changed, and nonprofits across the country can work towards further accommodating these needs. Though there is only so much
housing organizations can do if policies do not change to make housing more affordable, increase the stock, and impact the environmental factors negatively contributing to health.

Thomson and colleagues (2009) conclude with how improving housing can improve health, leaving the door open to how it may also positively impact the community environment. Future research should further look at community health as a whole and the effects that inadequate and substandard housing has. Identifying the most vulnerable communities and any potential commonalities can be helpful in addressing these issues in full.

Conclusion

The initial research questions asked what role do housing organizations play in addressing to adequate and healthy homes and how can this information be utilized to address barriers and gaps in resources to strive towards greater awareness and healthier communities overall. Through the interviews with clients that were enrolled in programs within a housing organization, it became clear that the organization served as a mediator and steppingstone to healthy homes. By providing access to housing and services to alleviate struggles, the organization provided the opportunity for individuals to gain skills and take the time necessary to be independent and be able to maintain healthy homes. Housing and homeless services organizations provide individuals experiencing housing insecurity and homelessness with increased access to housing and additional resources, specifically through the services of program caseworkers.

Although there are still areas of need, and these organizations do not provide all encompassing services, it is a starting point that allows for many individuals to obtain a sense of stability from which to grow. Through the coordination of different services and community
involvement, the reach of these organizations can be far more impactful, allowing more and more people access and a means to having a healthy home. Nonprofit organizations such as New Reach show the impact and importance of housing. Understanding their impact can lead to opportunities for future grants and funding to increase and expand the capabilities of these organizations, thus increasing and expanding the capabilities of communities across the country.
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Appendix A: Interview and Focus Group Questions

Fairfield County Stable Housing Program Interview Questions:

Part A: Housing [the next series of questions are going to ask you about your housing]

1. Do you feel comfortable where you are living? If yes, please explain, if willing. If no, have you talk to [caseworker]? Was he able to help you?
2. Does where you live give you access to the people, places, and things you want, need? (e.g., friends, family, faith-based community, healthcare, transportation, childcare, employment)?

Part B: Service Delivery [the next set of questions are going to help us understand what it is like to participate in this program and to work with [caseworker]. Your answers will help us understand more about this program]

3. What words would you use to describe your relationship with [caseworker]?  
4. What happens during a typical meeting with [caseworker]?  
5. What goals are you working on with [caseworker]?  
   a. Do you feel as though your work with [caseworker] has increased your confidence and ability to accomplish your goals?  
   b. Where do you see yourself five years from now?  
6. What do you like most about this program and the services [caseworker] provides? What can he do or change to better help or support you? *Areas for Improvement / Helpful*  
7. If you are comfortable doing so, I want you to think about your experiences in trying to get support and help during your episodes of homelessness, both with New Reach and with other providers. Examples of things to think about include: accessing 211, paperwork requirements, communication, agency collaboration, etc.  
   a. Please share what you have found to be most challenging in trying to get help and support?  
   b. What have you found to be most helpful in trying to get help and support?  
   c. Do you have recommendations for what the state of CT could do to provide better help and support to people experiencing homelessness?
Part D: Is there anything else you would like to share?

Greater New Haven Stable Housing Program Interview Questions:

Part 1: Interactions/Relationship with Case worker

1. How does your case worker help you and your family? What activities do they do that you find most helpful/ What is least helpful?
2. What is your relationship like with your case worker? If you have interacted with other New Reach staff, how have those interactions been?
3. What is the level of involvement in your life that you want from your case worker?
4. Do you feel comfortable talking about your problems with your case worker? Explain why/why not.

Part 2: Program SWOT Analysis

5. STRENGTHS: What do you like the most about this program?
6. WEAKNESSES: What do you like the least about this program?
7. OPPORTUNITIES: What are some opportunities that can improve this program? How can case management be improved? What can your case workers do to serve you better? What would you like to see/ receive from this program?
8. THREATS: What makes it hard for you to fully participate in the program? What prevents you from successfully discharging from the program?

Part 3: Case Workers / Program Impact

9. Has your life changed since working with the SHP Program/your case worker? If so, how?
10. What changes have you seen in your children or family since you started working with SHP?
11. ****Has this program helped to inspire independence for you and your family? If so, how? If not, why do you think that is?
12. How does this program/your case worker impact the relationship that you have with your landlord? How has it changed with experiences you have had before the program?
Part 4: Is there anything else you want to tell us?

Stable Families Program Focus Group Questions:

1. How did you hear about or get referred to Stable Families?
2. How does your case worker help you and your family?
3. What is your relationship like with your case worker? If you have interacted with other New Reach staff, how have those interactions been?
4. Has your relationship with the housing authority changed since working with SFP and/or CT Legal Services? How did your SFP case worker help with this process?
5. What changes, if any, have you seen in your children or family since your started working with SFP?
6. What do you like the most about this program?
7. What do you like the least about this program?
8. How can we improve the program?
9. Has your life changed since working with the Stable Families program/your SFP case worker? If so, how?
10. Is there anything else you want to tell us?