

Housing

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

Minnesota acknowledges that systemic racism and generational structural (social, economic, political and environmental) inequities result in poor health outcomes. These inequities have a greater influence on health outcomes than individual choices or one's ability to access health care, and not all communities are impacted the same way. All people living in Minnesota benefit when we reduce health disparities and advance racial equity.

Current Landscape of Housing in Minnesota

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 health. Research shows that kids do better in school if they are not worrying about where they will sleep, and adults are better able 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. Even before the COVID-19 pandemic, home prices in Minnesota have been steadily increasing and have been consistently more expensive than neighboring states. Between 2017 and 2018 alone, home prices in Minnesota increased 8.9 percent, and were 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 As the cost of owning a home increases in Minnesota, there are less affordable rental homes and apartments. 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.

"[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

Even when families have a home, they may not be safe. Homes that are not free from physical hazards contribute to infectious and chronic diseases, injuries and poor childhood development.^{2, 3} 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, especially asthma exacerbation. Approximately 40 percent of diagnosed asthma among kids is believed to be attributable to exposures where they live. **Error! Bookmark not defined.**

A household is considered housing cost-burdened when 30 percent or more of their monthly gross income goes to paying for housing.⁴ Cost-burdened households are often unable to save properly and are just one event of bad luck or misfortune away from becoming homeless. When (and if) families do

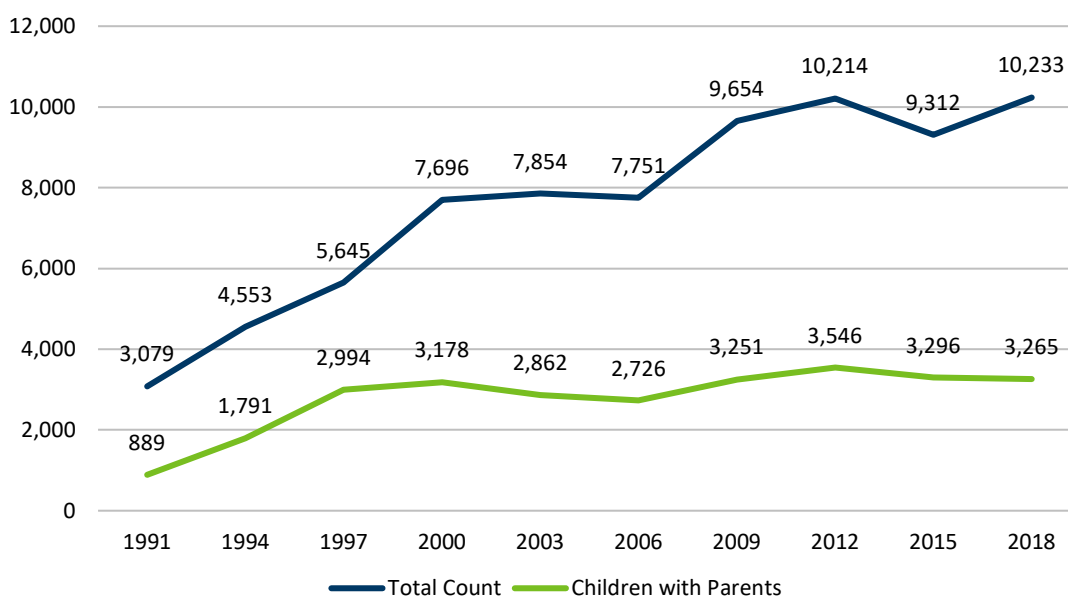
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secure housing, over half of the lowest-income families in Minnesota spend more than 50 percent of their income on housing costs.¹

1 in 4 of Minnesota households are housing cost-burdened.Error! Bookmark not defined.

One evident consequence of these persistent and worsening challenges in housing affordability and stability is homelessness. The overall number of Minnesotans experiencing homelessness increased by 10 percent from 2015 to 2018. Greater Minnesota saw a 13 percent increase compared to a 9 percent increase in the 7-county metro.² Nearly half of the state’s homeless population (46%) is comprised of children and youth age 24 and younger with 32 percent being children age 17 or younger (with their parents). While the number of children and youth experiencing homelessness remained steady from 2015 to 2018, they are the most systematically affected by homelessness relative to their make up as a proportion of the state’s overall population.

Figure 1. One-night Study Counts of Minnesotans Experiencing Homelessness, 1991-2018



Source: 2018 Minnesota Homeless Study | mnhomeless.org

Furthermore, 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). The Twin Cities metro had a 93 percent increase in people using informal shelter and 36 percent increase in Greater Minnesota.⁵ These estimates do not include people on American Indian reservations; according to a separate report from Wilder Research, between 2015 and 2018 there was a 17 percent increase in the number of people on American Indian reservations experiencing homelessness who were not in a formal shelter.⁶ Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS) data from 2018 show that 3 percent of women and pregnant people who responded to the survey were experiencing homelessness, 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 consequence of homelessness.⁷ This interconnectedness is evident, for example, in systemically rooted inequities in life expectancy comparing people who are experiencing homelessness to those who are not.

People experiencing homelessness have a life expectancy that is 26 to 36 years less than those who are not homeless.⁷

Housing and Racial Justice

Systemic racism has had and continues to have a significant impact on housing and homelessness across the state of Minnesota. Strategies to reduce housing disparities need to focus on addressing the deeply rooted structural barriers surrounding housing policy and access that result from systemic racism. Indigenous peoples in Minnesota continue to be affected by land theft and land treaties that were broken by the U.S. government.⁸ The Minnesota Department of Health, for example, occupies land stolen from the Dakhóta people. Additionally, 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.⁹ Redlining from early in the 20th century has 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.

As a result of systemic oppression, such as redlining and the continued racial segregation of neighborhoods, “[y]our zip code is a better predictor of health than your genetic code.” –Melody Goodman, Washington University Professor

Since the year 2000, White and Asian households in Minneapolis have seen an increase in household income, while African American/Black households have experienced an approximately 40 percent decrease in income during the same time period.⁹ Rising housing costs in the face of decreased income means that many individuals in the Twin Cities, particularly people of color and undocumented immigrant communities, do not have access to affordable, quality housing. Undocumented immigrants in the Latinx community, for example, report exploitation by landlords who overcharge them for rent and ignore maintenance concerns, all while holding the threat of deportation over their heads.¹⁰ While these examples are specific to the Twin Cities, housing disparities adversely impact much of the state.

Systemic Inequities in Evictions, Homelessness, and Home Ownership

There are intergenerational consequences of losing homes, particularly through eviction, that last for decades. Evictions are also disturbingly concentrated: nearly half of all evictions experienced by people living in Minnesota over the past three years occurred in just two zip codes where people of color comprise more than half of the population and individuals experience high rates of poverty.¹

Furthermore, African Americans make up 39 percent of adults experiencing homelessness, but only five percent of adults statewide. American Indians make up eight percent of adults experiencing homelessness, compared to one percent statewide.⁵ Compared with White Minnesotans, Latinx Minnesotans are at 3 times greater risk for homelessness.¹¹

As a state, Minnesota has a high rate of homeownership on average. This, however, isn’t experienced equally by all, revealing another consequence of systemic racism. Minnesota has the highest disparities in home ownership in the country with 76 percent of White households owning a home and less than 23 percent of African American/Black households owning a home.¹²

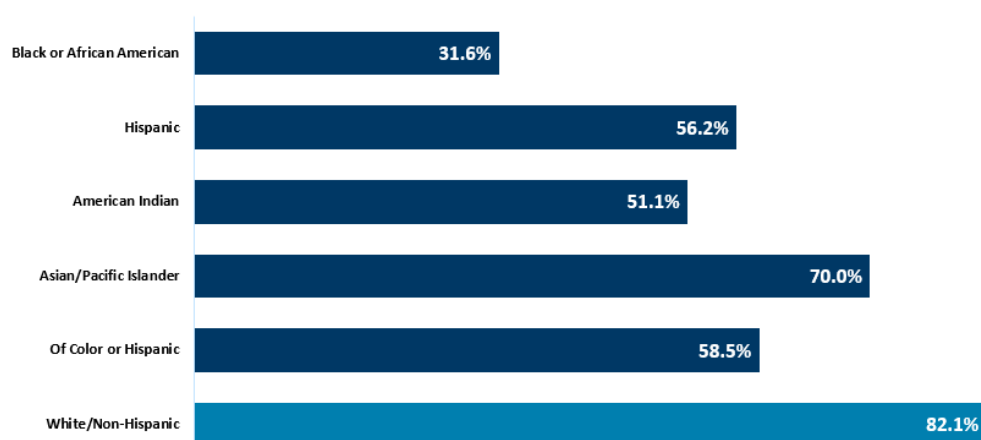
Minnesota is home to the greatest disparity in home ownership rates between White and non-White residents in the nation.

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As a result of systemic oppression, White people are 3.3 times more likely to own a home than Black people in Minnesota.¹²

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 2. Minnesota Home Ownership Rates by Race, 2019 Census Data



Source: Census Bureau, 2019 American Community Survey

COVID-19 Pandemic: Impact on Housing in Minnesota

The impacts of the COVID-19 pandemic on housing are significant. Minnesota has seen an increase in unsheltered homelessness since the beginning of the pandemic, culminating in the largest encampment in the state's history at Powderhorn Park in Minneapolis, where the best estimate showed 282 people living together outdoors.¹³ The increase in unsheltered homelessness is attributed in part to people not feeling safe in congregated shelters, as well as displacement of those who were doubled up or precariously housed before the pandemic. The pandemic has also affected those in shelters, as shelter providers statewide have taken considerable measures to decompress shelters and move at-risk individuals into non-congregate protective housing options.

Housing inequality has worsened as the COVID-19 pandemic continues. For those who are currently housed, the concerns around eviction and foreclosure are growing. The impact of COVID-19 on homeowners and renters is felt the most among Black and Latinx households and young adults. In the U.S., Between May 2020 and August 2020, while the rate of evictions and foreclosures increased 2 percent among White households, Black and Latinx households experienced a 7 percent increase.¹⁴ Additionally, in February 2021 one in three Black families reported being behind on rent or mortgage payments, according to a report from Child Trends.¹⁵ To address eviction and foreclosure inequities, Minnesota announced on July 14th, 2020 that it would be dedicating \$100 million in housing assistance to homeowners and renters in the state. Funding for the COVID Housing Assistance Program (CHAP) comes from the federal CARES Act.¹⁶ For those looking to purchase a home, the housing market became even more competitive. In Minnesota, the number of homes for sale throughout 2020 declined 46

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percent.¹⁷ This low inventory caused the median sales price to increase 10.4 percent, making the possibility of owning a home even more unreachable for families who would benefit the most from stable housing that builds wealth and equity.

Strategic Planning

The Division of Child and Family Health (CFH) in partnership with stakeholders conducted a [comprehensive assessment](#) of the health and well-being of Minnesota's maternal and child health populations – including women, mothers, fathers, caregivers, children and youth (including those with special health needs), families, and communities. Following the prioritization of unmet needs, Housing was selected as a top priority in Minnesota.

In order to advance maternal and child health outcomes and health equity, CFH acknowledges that we need to work together in authentic, collaborative, and innovative ways. CFH continued to engage stakeholders by implementing a community-focused process to set and implement strategies to address the priority needs using [Strategy Teams](#). We have only begun this work and know there is still much work to do. The outcome of this process helped form a statewide strategic plan that guides work on improving maternal and child health systems going forward.

Vision for the Future

We strive for a Minnesota where all people have safe, affordable, and stable housing for themselves and their families. We aim for a future where Minnesota's children, young people, families, and communities do not face homelessness and where systemic racism and other forms of structural oppression no longer undermine their right to safe, affordable, and dignified housing.

Strategies to Address Housing

A Strategy Team was assembled to identify a set of strategies for the Minnesota Title V program to help ensure safe, affordable, and stable housing for children, young people, families, and communities throughout Minnesota.

MDH is part of an interagency, cross-sector action team for housing and homelessness during the COVID-19 pandemic, and also has an internal team dedicated to the homelessness and sheltered response. The Title V Needs Assessment Coordinator was reassigned in March 2020 to lead this work and is continuing this work in 2021. Because the work has shifted to the immediate needs of responding to the impact of the pandemic on housing stability, safety, and affordability, the Title V work will be responsive to the capacity of the Division of Child and Family Health as their staff are reassigned.

Below is a brief summary of Minnesota's strategies to realize this goal. To learn more see the entire [Minnesota Title V Maternal and Child Block Grant Application and Annual Report](#).

Strategy A: Expanding Funding Opportunities

CFH will work to expand funding opportunities related to housing access and sustainability by:

- Working with healthcare providers and systems to encourage investment in housing.
- Expanding funding for school districts to screen students for housing needs and provide housing resources to their families.
- Creating funding streams for improving health outcomes within housing programs.
- Providing expanded screening and supportive services for families with pregnancy through pre-Kindergarten.

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- Fostering inventive housing ideas with grants that are given out and funding/elevating housing solutions that draw upon community/cultural strengths (e.g. cohousing, doubling up).

Strategy B: Person-Centered Approach/Services

As our second strategy, CFH aims to implement and expand person-centered approaches and services for housing by:

- Creating a uniform County/City/State application for services that promotes data sharing.
- Providing grants and funding that allow for continued support even when outcomes improve.
- Ensuring that an individual approach to housing needs is taken.
- Funding systems that follow people over time and across circumstances.
- Implementing a three-year housing plan of action that includes case management support.
- Allowing for more service time and creating a comprehensive service guide.
- Maintaining a shareable database of housing programs.
- Applying a care conference model across programs for more streamlined and supported benefit renewal.

Strategy C: Create/Innovate Housing

The third strategy to address housing in Minnesota involves creating and innovating housing structures and systems across the state. Over the next five years, CFH will work to achieve this goal by:

- Partnering across disciplines to increase on-site childcare at new and existing housing sites.
- Removing barriers to home ownership, especially those that perpetuate systemic racism within Minnesota's housing structures and systems.
- Re-envisioning housing cooperatives as intentional intergenerational communities, instead of restricting access to only those 55 and older.
- Creatively increasing affordable housing, for example by rehabilitating older buildings and turning them into intergenerational cooperative housing.

Strategy D: Focus on Policy Change

As our final strategy to address housing, CFH will focus on policy change by:

- Increasing access to emergency assistance that can be used for housing costs sooner/earlier.
- Creating a universal definition of homelessness/housing security that is expansive and flexible.
- Requiring a racial impact assessment tool for decisions, policies, and changes such as the assessment developed and used by Voices for Racial Justice.
- Creating goals that are specific to communities, for example reducing homelessness in the American Indian community by 50 percent.
- Examining housing laws related to occupancy and creating new laws that are more specific to community needs based on the cultural values of the different communities represented in Minnesota.
- Advocating for improved housing policy at the local, state, and federal levels, for example changing leasing restrictions and instituting rent caps.

Highlighting Success

In the face of the many challenges associated with housing, community-based organizations are using innovative and equity-focused approaches to achieve success throughout the state. One such example is The Bridge for Youth (based in Minneapolis). The Bridge for Youth is a nonprofit founded in 1970 that

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focuses on providing emergency shelter, supportive housing, and outreach and supportive services to young people currently or at risk of experiencing homelessness.¹⁸ Bridge for Youth also offers support groups, with the longest-standing support group for youth who identify as LGBTQ+ in the Metro area, on topics such as coping, resilience, and parenting. Gloria's Place, an emergency shelter at The Bridge for Youth, is the only shelter in Minnesota that focuses specifically on providing emergency support and housing for minor-aged pregnant and parenting youth.¹⁸ 18



Image source: The [Bridge for Youth](#)

The Bridge for Youth embraces racial justice, anti-oppression, and trauma-informed work as a priority, and the youth they work with are predominantly BIPOC (approx. 80%) and LGBTQ+ (approx. 20%). As part of this commitment, The Bridge for Youth has a racial justice network of BIPOC staff, board members, and youth who work on advancing anti-racism and trauma-informed opportunities within the organization and work to improve how The Bridge for Youth interacts with the local community.¹⁸ In the wake of the COVID-19 pandemic and the murder of George Floyd, The Bridge for Youth has worked with restorative justice leaders to create spaces for healing that prioritize the mental health and physical safety of young people in their community. As an organization, The Bridge for Youth takes a person-centered approach by engaging young people to define what anti-racism and restorative justice work means for them as a pathway to create lasting change for young people experiencing homelessness in the Twin Cities area.¹⁸

¹ More Places to Call Home: Investing in Minnesota's Future. Report of the Governor's Task Force on Housing August 2018. Retrieved March 30, 2019.

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