Whereas, adequate, safe, and affordable housing is an important social determinant of health, yet studies on subsidized housing and health are limited in number and scope; and

Whereas, individuals in need of federal housing assistance and subsidized housing may bear a greater burden of mental and physical illness, physical violence and economic hardship than the general population; and

Whereas, the US Department of Health and Human Services and Housing Urban Development (HUD) entered into a partnership in 2021 to expand affordable housing access, along with services that address social determinants of health among vulnerable populations; and

Whereas, the federal housing choice voucher program, commonly referred to as “Section 8” is a federal housing program for tenants experiencing economic and related hardships; and

Whereas, 2 in 3 voucher households are not protected by anti-discrimination laws at the local, state, or federal level, allowing for landlords to discriminate against and refuse the use of the Section 8 vouchers by prospective tenants; and

Whereas, over two-thirds of HUD beneficiaries (Section 8 or related program) are racial and ethnic minorities, with 45% identifying as Black or African American; and

Whereas, racial and ethnic minorities are less likely to be homeowners due to disparate intergenerational wealth compared to the non-Hispanic white population; and

Whereas, our American Medical Association recognizes that generational wealth gaps experienced by Black or African American, American Indian or Alaska Native, and Hispanic families are a consequence of structural racism and a barrier to achieving racial health equity; and

Whereas, families’ length of stay in the Section 8 Housing Choice Voucher program is increasing and rate of success in finding suitable low-income housing to utilize the voucher has been decreasing since the 1980s, both largely due to rising housing costs, stagnant incomes, and insufficient federal funding; and

Whereas, the increasing wait times in Section 8 reinforce existing housing insecurity and homelessness that track among disparities in race, especially in the difficulty of finding and maintaining employment, and increasing childhood adverse events, leading to cognitive and mental health problems, respiratory diseases, accidental and intentional injuries, and diminished educational outcomes; therefore be it

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 203
(I-23)
RESOLVED, that our American Medical Association support local, state, and federal policies requiring landlords to accept Section 8 and related housing vouchers as valid sources of individual and family income (New HOD Policy); and be it further

RESOLVED, that our AMA support local, state, and federal policies preventing landlords from discriminating against individuals and families who utilize public assistance. (New HOD Policy)

Fiscal Note: Minimal – less than $1,000

Received: 09/11/2023

REFERENCES


RELEVANT AMA POLICY

Our AMA will: (1) oppose policies that enable racial housing segregation; and (2) advocate for continued federal funding of publicly-accessible geospatial data on community racial and economic disparities and disparities in access to affordable housing, employment, education, and healthcare, including but not limited to the Department of Housing and Urban Development (HUD) Affirmatively Furthering Fair Housing (AFFH) tool. [Res. 405, A-18]

H-160.903 Eradicating Homelessness
Our AMA: (1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services; (2) recognizes that stable, affordable housing as a first priority, without mandated therapy or services compliance, is effective in improving housing stability and quality of life among individuals who are chronically-homeless; (3) recognizes adaptive strategies based on regional variations, community characteristics and state and local resources are necessary to address this societal problem on a long-term basis; (4) recognizes the need for an effective, evidence-based national plan to eradicate homelessness;
(5) encourages the National Health Care for the Homeless Council to study the funding, implementation, and standardized evaluation of Medical Respite Care for homeless persons;

(6) will partner with relevant stakeholders to educate physicians about the unique healthcare and social needs of homeless patients and the importance of holistic, cost-effective, evidence-based discharge planning, and physicians’ role therein, in addressing these needs;

(7) encourages the development of holistic, cost-effective, evidence-based discharge plans for homeless patients who present to the emergency department but are not admitted to the hospital;

(8) encourages the collaborative efforts of communities, physicians, hospitals, health systems, insurers, social service organizations, government, and other stakeholders to develop comprehensive homelessness policies and plans that address the healthcare and social needs of homeless patients;

(9) (a) supports laws protecting the civil and human rights of individuals experiencing homelessness, and

(b) opposes laws and policies that criminalize individuals experiencing homelessness for carrying out life-sustaining activities conducted in public spaces that would otherwise be considered non-criminal activity (i.e., eating, sitting, or sleeping) when there is no alternative private space available; and