

REALTIME FILE

PUBLIC HEALTH INSTITUTE  
ADVANCING HEALTH EQUITY DURING AND BEYOND COVID-19:  
ADDRESSING HOUSING AND HOMELESSNESS

REMOTE CART CAPTIONING

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>> MURLEAN TUCKER: Welcome to advancing health equity during and beyond COVID-19, addressing housing and homelessness. My name is Murlean Tucker and I'm running this Dialogue4Health web forum with my colleague, Kathy Piazza. Thank you to our partner for today's event, Trust for America's Health, TFAH as we all know it.

And now, it is my pleasure to introduce Adam Lustig, the moderator of this event. Adam is the manager of promoting health and cost control in states, PHACCS initiative at TFAH. The PHACCS initiative seeks to promote the adoption and implementation of evidence based and state policies that have been shown to improve health and control or reduce costs over time. Welcome back to Dialogue4Health, Adam.

>> ADAM LUSTIG: Thank you so much, Murlean and good afternoon everyone and welcome to today's webinar. This is the fifth in a series of webinars organized by TFAH to highlight the issues of critical importance in the response to the pandemic. We have already examined issues related to paid sick leave and its role in preventing viral spread, with associated impacts of COVID-19 on older adults and mental health care and how COVID-19 has disproportionately impacted communities of color. If you didn't have a chance to attend these webinars, visit TFAH resource page which there is a link to, to access the slides and recordings.

For today's webinar we will be focusing our attention on another critical issue, how cities, states and the federal government are addressing housing and homelessness issues during and beyond COVID-19.

We all know that access to safe and affordable housing is critically important to an individual's health. More than two million people face eviction each year, far more than the number of people who face foreclosure at the height of the 2008 mortgage crisis and this was before the pandemic severely impacted the United States.

There was a growing concern amongst many advocates and policy makers that we may be facing a housing apocalypse around the country as many protections instituted by local, state and federal entities are set to expire.

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To help us better understand the need and importantly what can be done about it we have assembled an esteemed panel of experts. First we'll hear from Diane Yentel, president and CEO of the National Low Income Housing Coalition, a membership organization dedicated to achieving socially just policy that ensures people with the lowest incomes in the United States have affordable and decent homes. She a policy expert and advocate with nearly two decades of experience on affordable housing and community development issues.

Among other roles, she previously served as vice president of public policy and government affairs at enterprise community partners and director of the public housing management and occupancy division at the U.S. Department of Housing and Urban Development.

Following Diane, we'll hear from Sue Polis of the National League of Cities. Sue is responsible for directing the health and wellness portfolio for the NLC as part of the Institute for Youth, Education and Families. The portfolio includes the conceptualization, development and implement of cities of opportunity, a multiyear effort to comprehensively engage mayors and city leaders in comprehensively addressing social determinants of health to advance equity. Additional areas of focus include housing, mental health and substance use. Prior to the NLC, she led the development and management of the Trust for America's Health external relations and strategic partnership efforts in support of the organizations public policy goals. She currently serves on the advisory boards of the center to advance community health and equity, voices for healthy kids, and New York University's small and midsized city typology project.

After Sue, we'll hear from Gregory Miao, who is a senior attorney at ChangeLab Solutions. Greg works on legal issues related to sugar reduction policies, alcohol control, preemption, active living, healthy housing, and water quality. He is a member of the board of directors of America Walks. And prior to joining ChangeLab Solutions, he worked on developing regional cooperative agreements in the greater Boston region with the metropolitan area planning council and represented several Massachusetts communities as a municipal attorney.

And finally we'll hear from Bobby Watts, CEO of the National Health Care for the Homeless Council to discuss the multitude of health care related issues that individuals experiencing homelessness are currently dealing with. As a CEO of NHCHC, Bobby oversees all aspects of the council's activity in advocacy, training, technical assistance, research, peer support, organizing, and fund development. He is a nationally recognized advocate and leader in meeting the health needs of people without homes, and Bobby has more than 25 years of experience in administration, direct service, and implementation of homeless health services. He began his work with people experiencing homelessness as a live-in staff member of the New York City rescue mission. He is a former board president of the national HCH council and served as executive director of New York City's care for the homeless from 2005 to 2017.

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Before hearing from our panel, let me offer a few opening remarks. We're an organization that envisions a nation in which the health and well-being of every person and community is a national priority and where prevention and health equity are fundamental to policy making at all levels of government.

For the past two plus years, I've had the pleasure of (indiscernible) as part of this work, we identified and recommended 13 evidence based policies that have been shown to not only improve health, but help control costs over time. As you can see here, one of our recommended policies included rapid rehousing, an approach we have been seeing used across the country both prior and in response to the COVID-19 pandemic to provide reliable and safe housing to those experiencing homelessness. We are now in the midst of revising this list to have racial and social justice and we anticipate publishing an updated report in early 2021.

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To set the stage a little bit, I'm going to go over two slides and then we'll move on to our speakers. The graphics you see here is the current state of homelessness in the United States. These are 2019 figures and do not factor in the significant impact COVID-19 has had on people experiencing homelessness. There are over 550,000 people experience homelessness. The number of individuals experiencing homelessness varies significantly by state. It's also important to highlight the disproportionate impact on people of color. While 40 percent of those experiencing homelessness are white, people who identify as Black or Latinx disproportionately experience homelessness. While Blacks are an estimated 13.4 percent of the population, four out of ten people experiencing homelessness are Black. Similarly while 18.3 percent of the population identify as Hispanic, 22 percent of those experiencing homelessness identify as Hispanic. The majority of people experiencing homelessness are able to sleep in a shelter, but a fairly large percentage are unsheltered, sleeping on the street or in homeless encampments. Whether people experiencing homelessness are living in shelters or unsheltered, they have unique experiences protecting themselves. We will hear about this from our panelists. (Indiscernible) often live in close quarters, share bathrooms. Individuals experiencing homelessness who are unsheltered (indiscernible).

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On the topic of housing insecurity, the COVID-19 pandemic has exacerbated the already severe rental housing crisis. In 2017, nearly half of renters spent more than 30 percent of their income on housing costs and approximately a quarter paid more than their earnings on housing. (Indiscernible) as we've seen with the COVID-19 pandemic.

This crisis increases both the severity of rent burden and the urgency for assistance. These two graphics paint a stark picture of the many issues of the rental market across the country. Areas that have a high percentage of (indiscernible) homeowners experiencing the same financial difficulties. However, when taking a closer look, you'll see that the figure on the left is significantly darker, indicating that housing cost burdens are being felt on a much larger scale by renters. While the number of cost burdened house (indiscernible) the number of cost burdened renters remain close to peak levels. And this will be something that's covered in greater detail by Gregory Miao later on in the webinar.

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And before we move on to your presenters, I did want to highlight some of TFAH's work in response to COVID-19. TFAH and many others have been working to support the public health response to COVID-19 over the past few months. And we are advocating for a robust federal funding. We want those changes to be permanent and not just during the pandemic response and as part of our efforts we've developed a COVID-19 resource portal where we highlight our research and educational advocacy efforts including this webinar series. You'll be able to access the recording of this webinar on our website in about a week and I highly encourage you to visit it.

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Now let me turn to our esteemed panelists. Each of them will present for about ten minutes. After their presentations, we will have time for questions and answer, so please submit your questions during the webinar so we can place them in the cue.

To begin the panel presentations it is my pleasure to introduce Diane Yentel, president and CEO of the National Low Income Housing Coalition. Welcome, Diane.

>> DIANE YENTEL: Thank you, and thank you for the opportunity to be here today.

If my first slide could be put up, please?

So I appreciate the opportunity to talk about health equity during and after COVID-19, and to do so, it's important that we recognize as you just heard the housing crisis that we were already in well before COVID-19 came to our country. So even before the coronavirus, we had homelessness and a housing crisis. We had over 550,000 people experiencing homelessness, and those numbers were increasing for the last three years. And even before COVID-19, we had a shortage of seven million homes affordable and available to the lowest income people. So another way of saying that same number is for every 100 of the lowest income renters, there were fewer than 37 homes affordable and available to them.

And you can see from this map that the shortage ranges from least severe to most severe, but there is no state that has a sufficient number of homes affordable and available to the lowest income renters and the shortage leaves millions of people right on the cusp of homelessness. So even before COVID-19, we had eight million extremely low income renters. These are very low wage workers or seniors or people with disabilities on limited fixed incomes. We had eight million households that were paying at least half of their income towards rent, and many were paying much more. 60, 70, 80 percent of their income just to keep a roof over their heads.

And so when you have such limited income to begin with and you're paying so much of it for your home, you are always one financial emergency away from not being able to pay the rent, facing eviction, and potentially homelessness.

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And so for many of these households, the coronavirus is that financial shock. We have historic depression era level of lost jobs, and low income renters now are losing these jobs. They're losing hours at work. They're losing wages, and it's harder than ever for them to cobble together what they need to make rent.

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So if we had a system in our country to catch people when they fall off of a financial cliff, created by any disaster, but especially a disaster like COVID-19, we could better address these challenges. But we don't. We have a system in our country

where just one in every four households who is eligible for and in need of assistance receives any. So 75 percent of people needing and eligible for housing assistance don't get any. They are the people who wait in line to add their names to lists that they wait on for years and sometimes decades. Hoping to win what is essentially a housing lottery that we have in our country.

So because of these gaping holes in our social safety net, we're now faced with these tremendous challenges. Challenges like what happens when people sleeping in encampments have no access to hot water or soap in the middle of a pandemic? And what happens when millions of people are on the cusp of losing their homes in the middle of a public health emergency when our collective health depends on our ability to stay home?

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And while the current crises have heightened the threat of eviction and homelessness for Black and brown renters, it is not new. This moment is an example of in many, many ways of what structural racism looks like.

Decades of racist housing policies, red lining, block busting, restrictive covenants, restrictive zoning, has purposely left home ownership out of reach for Black families, creating a yawning generational wealth gap where today the average white family has 12 times the wealth of the average Black family. And this has created tremendous racial disparities in housing and homelessness.

Structural racism leaves people of color disproportionately low income, disproportionately rent burdened and as you heard earlier, disproportionately likely to experience homelessness.

So these inequities now compound the harm done by COVID-19. Black and Native Americans are bearing the brunt of infections and fatalities, and Latino and Black people are bearing the brunt of historic job losses, and now their homes and with it their families' ability to stay safe and healthy are at risk, and these facts both heighten the urgency for action, without a significant federal intervention, millions of low income renters and predominantly Black and brown renters will be evicted from their homes in the coming months.

And it also makes clear our obligation to center racial equity in our response to the housing needs of COVID-19. We have to ensure not only that we're not worsening or reinforcing racial inequities but that we are using homelessness funds to reverse and repair these disparities.

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So we have an urgent and immediate crisis on our hands. The solutions are pretty simple, even if they're not easy, right? We need to protect and immediately house people who are experiencing homelessness. We need to ensure that no one else becomes homeless during the pandemic. And we have to preserve the housing that exists in our country.

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So the CARES Act, which was passed at the end of March, established some protections for a limited number of renters against being evicted, and provided some resources for states and localities to meet rental assistance needs, but it's not nearly enough, and we have to go much further to prevent this wave of evictions.

So we are calling on Congress to provide at least 11 and a half billion dollars in emergency solutions grants for homeless shelter providers and homeless

service providers and I know Bobby will speak very well to why these funds are needed. We need a national uniform moratorium on evictions and foreclosures. The very least the federal government should do during a pandemic is ensure each of us that we won't lose our homes during it.

But eviction moratoriums on their own aren't enough. We also need at least a hundred billion dollars in emergency rental assistance and eviction prevention funds to ensure that low income renters are not driven deeper into debt during this crisis, and to ensure that small landlords are able to continue maintaining and operating their properties.

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So at the National Low Income Housing Coalition, early on, about three months ago, we did research to analyze just how much emergency rental assistance is needed in order to keep low income renters housed during and after the pandemic. And we need at least a hundred billion dollars.

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There has been action on these proposals. The emergency rental assistance and rental mortgage stabilization act was introduced in the Senate and in the House. It now has over 200 co-sponsors together in the House and the Senate. It would provide a hundred billion dollars in emergency rental assistance, help low income renters with back rent that's owed, and to keep them stably housed for up to 24 months. The funds would be deeply targeted to the people who need it the most, including people of color.

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And these -- each of these immediate and urgently needed solutions have now passed the House of Representatives, not just once but twice in the heroes act and in a separate bill that pulled all of the housing provisions from the heroes act. The Senate has not acted, and we need them to urgently.

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I really want to underscore how high the stakes are right now. The stakes really couldn't be higher. Without a significant federal intervention, there will be a wave of evictions, and a spike in homelessness across the country, and in fact the wave has already begun. In states and cities where eviction moratoriums have expired, evictions are increasing. And so we now need to make sure that this wave doesn't become a tsunami, and we are running out of time. We are now seeing an especially horrifying confluence of increasing evictions in states where new coronavirus cases are surging.

Every day of inaction puts more low income people, seniors, people with disabilities, families with children, at immediate risk of losing their homes. When our collective health depends on an ability to stay home, it's never been more obvious that housing is health care, and ensuring that everyone is stably housed during and after the COVID-19 pandemic is not only a moral imperative, it's a public health necessity, so I hope if you do anything after this webinar, I hope that you contact your member of Congress, and demand immediate action.

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And I want to end with this image, which is one that I think about often. This picture is from Las Vegas from a couple of months ago. A local homeless shelter had to close its doors after an employee became infected with COVID-19. And in response, the city moved all the people who had been sleeping in the shelter on to open

air concrete slabs, carefully placed six feet apart. And they slept -- this is in Las Vegas, in the shadow of dozens of empty hotel buildings. And I think about this image often and I share it with all of you, because it encapsulates so many things about our country's ongoing failure to respond in any meaningful way to homelessness. About the cruel and often dehumanizing way communities can treat people experiencing homelessness, and about the work that we have to do towards long term solutions, because to end where I started, the immediate housing crisis we are working to prevent sits atop a longstanding and pervasive shortage of homes affordable to the lowest income people. We had an affordable housing crisis before COVID-19, we will have it after COVID-19. Unless we're willing to make the kind of substantial investments needed and the long term solutions to end homelessness and housing poverty, then we'll face this eviction and homelessness crisis again during the next pandemic or the next wave of this pandemic, or even just during the next year, because we won't have solved for the underlying shortage of homes affordable for the lowest income people.

And the long term solutions are also simple if not easy. Significant and sustained funding to build apartments, affordable to the lowest income people through the national housing trust fund, and bridging the gap between what people earn and what rent costs through rental assistance, in emergency cash assistance, to keep people from being evicted when they face a financial shock. And preserving our country's existing affordable housing stock. Allowing homelessness and housing poverty to exist in our country has always been a public policy choice. And we can instead choose to end it. We have the data, the solutions, and as a country, we certainly have the resources. The only thing we act is the political will to fund the solutions at the scale needed and perhaps this moment helps us build that political will to achieve change.

And I'll stop there. Thank you very much.

>> ADAM LUSTIG: Thank you so much, Diane, and what a powerful image to end your presentation with. I remember that was an image you shared, it still sticks with me. I'm glad that you included that.

We're now moving on to former TFAH alum, Sue Polis who is director of health and wellness at the National League of Cities. Welcome, Sue.

>> SUE POLIS: Thank you so much, Adam. It's great to be with you all today for this incredibly important discussion. Thanks to Trust for America's Health, and Dialogue4Health on behalf of the National League of Cities.

So if you wouldn't mind going to my slides. The first slide would be great.

As we -- as I thought about this presentation and the work NLC has been doing on homelessness, mental health and substance use, in this moment, as Diane said, these issues are not new. You know, NLC's worked on substance use homelessness issues over the past few years. The opioid epidemic that places were facing. Certainly now exacerbated by COVID. There are so many challenges in our communities across this country at present, and then every challenge there are also opportunities.

So today I want to share with you what we have learned as we led this research project last year to look more closely at the intersections between homelessness, mental health and substance use, how this work dovetails with current calls for police reform and certainly how we see cities adapting approaches in light of this.

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And so I just wanted to begin with some brief background. As I mentioned, we have worked for quite some time in this space, having partnered with the national association of counties on an opioid's task force, which led to mayors institute on opioids that we did in collaboration with the Bloomberg for American health initiative. Lots of work around ending veterans homelessness, and then more recent work that I've included a couple of links to on here, a recent overview that we put out on homelessness, as well as city spending on housing. As Diane alluded to, we see this giant enormous gap in what's needed versus what's available, and so we've been working with a lot of organizations, including the National Low Income Housing Coalition among a variety of others to try to be a part of the solution.

So the catalyst for this exploration was really seeing the need in cities.

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We've been working with Arnold ventures as our partner and really seeing the need in cities as they wrestle with substance use disorders. And the growing needs of homelessness, existing mental health issues. (Indiscernible) as part of the emergency response efforts, and that point of intervention is so critical. As such jails have become or mental health treatment centers in far too many cities across this country and so our effort here was really to examine city approaches that seek to move away from arrest and jail and emergency room use and really work to get individuals and communities to better outcomes.

So how did we do this? I want to give you a brief overview of the research.  
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That we undertook with the George Washington University as our research partner, the health policy shop under the leadership of Katie Horton. We did a NLC membership survey, a comprehensive literature review, an environmental scan, and stakeholder interviews with the organizations listed here. Detailed city interviews, which led to three issue briefs during the research phase, nine case studies detailing city efforts, and then an executive summary, which I'll talk in more detail about.

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And so as you'll see, as you review the cities listed here, there are a diversity of approaches that we examined. With an emphasis on cities that had developed efforts that work across sectors. These issues are enormous. It takes a lot of partnership to produce better outcomes and so really looking at partnerships like with health systems, hospitals, local service organizations. So you'll notice as you look through these city efforts, they have been spurred by different needs. In some cases they grew out of efforts to address opioid epidemic, substance use disorder and better efforts to manage homeless populations. So with Huntington, their quick response team, that was a result of their efforts to thwart opioid epidemic. Same with Manchester and their safe space programs.

Next slide, like with Rapid City, South Dakota, that was much more about compounding needs in cities to address homelessness, mental health and substance abuse.

So our emphasis was to look at the what and the why the approaches were developed, who was involved, how the efforts are financed, the data, the role of data and use of data, and ultimately really the barriers cities face in better advancing these efforts to inform federal, state and local policy recommendations.

And so building -- beginning last summer, through late fall, early winter, we released, next slide, the series of issue briefs.



So the first brief really examined the scope of the problems associated costs, outcomes, and really began to identify various approaches used in cities at a high level. The second brief really begins to dig down on the work cities do across systems through a variety of models and efforts, and the third and final brief began to examine barriers cities face in doing this work and these recommendations.

The summary that we released last December was further informed by a health briefing and policy convening. We brought together eight federal agencies, a variety of partners and cities to really look at the barriers and as I said to begin to really evolve these recommendations, and so next slide.

The case studies for all of the cities and issue briefs are available on our website and also through the links from the slide.

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And so what did we learn? Our key take aways won't be very surprising to many of you. Many interconnected challenges associated with these issues in cities, the ability to work across systems in many of these instances really show promise to produce better outcomes. Several approaches are used in cross system collaboration to expand access to services and supports. And so we feel many of these approaches are strong models for spread and scale. And so with everything happening now, right? With our COVID and racism, pandemics, that Diane spoke so eloquently about. What are our opportunities? So one of our main recommendations that we called for was around a mindset shift that's needed to advance a public health framework to better address the needs of vulnerable individuals, so in many ways despite all this hardship, we also see this as a moment. In the quest for police reform efforts, broader calls for system reform, we feel like there's an opportunity, there's promise to make progress and new approaches to community safety.

And so a recent public agenda poll released at the end of June found that 57 percent of Americans support sending social workers and EMTs to respond to mental health, substance use, homelessness calls, and so this may be a time to catalyze further change.

And so on the next slide, I just want to -- there's time constraints, but I just want to share at a high level some of the additional barriers and recommendations. So I talked about the need for a mindset shift. Certainly financing. Oftentimes the funds cities have for these efforts come through very narrow grants. It's hard for them to meet the needs outside of those funding sources so more ability to blend funds. Certainly further collaboration with partners. And speaking of partnerships, we've looked at regional response networks are needed to overcome individual community capacity constraints, certainly in smaller to midsize cities. In times of great necessity, we're seeing a lot of cities and counties standing up to the partnerships to meet these immediate needs so we also see opportunities now to make these partnerships more sustainable.

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And so with COVID, some of these things are happening. We called for greater use of telehealth to expand access to treatment. This is something we're seeing through this epidemic but certainly many barriers, gaps in social determinants particularly as Diane talked about the need for more housing, including permanent supportive housing, transitional and other services.

In data, over and over again, all the cities cited, HIPAA and FERPA, and more guidance, and metrics to help really seed the alignment, alignment needed around program definitions. We have different federal agencies with different definitions, and it makes it really hard to align locally with these barriers.

So our efforts will continue across the federal, state and local level to advance these recommendations and more information is available as I said in our summary and so forth with the links provided.

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And so with COVID, and racism pandemics, the further impacts and resulting efforts in cities, Diane talked about the CARES Act funding that's available. It's hard for cities to target these resources to those most in need and on the brink, they have had to stand up or pivot quickly to develop approaches of partnerships. Some existing, some new partnerships ranging with legal aid to homeless coalitions to offer assistance. Some of the examples worth noting in Greensboro and their tenancy preservation market. Newark and their ten that the legal services to try to keep folks in their homes, and the San Antonio financial recovery centers, many of you may be familiar with San Antonio and their haven for hope and they have been standing up a lot of efforts there to better address the needs of their homeless population, and so targeting these efforts, trauma informed care coalition, among a number of efforts trying to reach people on the ground and meet the needs.

And then cities building on existing efforts. As part of our work in affordable housing and health, Vancouver had recently in 2016 passed a referendum and voters approved a 42 million seven year affordable housing fund for projects and so some of this has been able to lay the groundwork, although there's still issues. No one's got this solved by any stretch. There are some models that we are trying to help inform other cities about in advance.

And so key partners for cities and their continuum of care efforts usually offer a suite of services for homeless people through non-profits and community-based organizations, homeless service organizations, churches, religious organizations and coalitions, community development organizations. So this is a time when we're seeing a robust amount of efforts to try to -- to try to stem the tide as much as possible.

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And so finally I just wanted to offer a few resources. As some of you may have seen, the U.S. census pulse survey as of May, as Diane pointed out, millions of low income renters have growing rent arrears. We've been trying to really keep our eye on this as part of our federal advocacy efforts, and we're working to get a lot more resources to state and local municipalities. Arnold ventures with Barbara poppy, the former head of the USICH examining how nine localities have offered better approaches to unsheltered homelessness. Urban institute and the new piece on homelessness through policing and if that's not working, leading with a financial case through housing first strategies and then some additional NLC web forums on eviction as well as the poll that I referenced earlier in my presentation.

So with that, thank you, and I look forward to the other speakers and questions.

>> ADAM LUSTIG: Great. Thank you so much, Sue. That was really wonderful.

And just as a reminder to folks, please continue to submit questions throughout the webinar. We are keeping track of those, and we'll address those when we do get to the end of the presentation during the Q and A period.

I'm now happy to introduce Gregory Miao, from ChangeLab Solutions.

>> GREGORY MIAO: I'm a senior attorney at ChangeLab Solutions where I lead our health and housing work. ChangeLab Solutions is a national nonprofit organization that advances equitable laws and policies to ensure healthy lives for all by prioritizing individuals.

Our health and housing work is based in remedying (indiscernible) race based health disparities that exist as the direct result of our past racist housing policies. Such as red lining, restrictive covenants, and (indiscernible) guidelines.

These past housing policies have kept Black and brown families from building equity through housing, perpetuated neighborhood segregation, created concentrated pockets of disinvestment and wealth. And our current housing system has continued to oppress significant portions of our population, whether it be through discrimination against voucher holders or exclusionary zoning.

I say this to put some context to why we're here today. Not only is there a need to address the housing situation from the COVID-19 such as the direct need to make sure that people are able to shelter in place during stay at home orders and practice social distancing, maintain adequate hygiene, but in this collective moment of recognition of how pervasive systemic racism is, how can we make sure that our policy responses don't worsen existing racial disparities.

So just to frame the housing instabilities problem, renters, especially the most vulnerable renters are at the greatest risk. Even more so now during the pandemic crisis. So just to frame it as Diane mentioned earlier, there's a distinct lack of affordable housing in our country. And the percentage of our housing stock that remains affordable to renters continues to decline year after year. Shrinking by four million units since 2011.

Meanwhile recent studies by the joint center for housing studies at Harvard University show that the number of cost burdened renters remains close to peak levels.

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And while the total number of cost burdened renters have leveled somewhat as of 2017, a more detailed look shows that the percentage of renters who are cost burdened has risen across most income groups especially in the low income brackets.

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And COVID-19 will exacerbate the housing challenges that we're already facing.

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But those challenges won't be equitably distributed. So as I said before, renters, especially the most vulnerable tenants are at the greatest risk of housing instability and displacement. They're also the same populations, Black, Latinx, indigenous, people of color, that are not only experiencing historic rates of unemployment but they're also disproportionately affected by COVID-19 fatalities.

This represents back in May (indiscernible) when the program expires is significant.

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And according to the urban institute, approximately five million already cost burdened households under 80 percent of the area median income work in the five most vulnerable industries to COVID-19. Those include food and accommodation, construction, retail, entertainment, and other services.

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And almost half of the lowest income renters are those earning less than 30 percent of the median income for their jurisdiction, work in the hardest hit industries.

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And the expected income loss will not be felt equitably, with Black and Latinx communities being hit much harder.

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So where does that put us? Well, roughly 50 million renters live in households that suffered COVID-19 related job or income loss, with 40 percent of job loss occurring in low income households. And there's been a 92 percent increase in daily rental assistance requests from this time in 2019, and food pantry requests increased as much as 2,000 percent in some states. And there's been, a 31 percent increase in credit card usage to pay for rent in April and that increased by an additional 20 percent in May. And 31 percent of renters have generally slight or no confidence in their ability to pay rent.

In the household pulse survey run by HUD reveals striking differences as to who paid rent in May, as well as who expects to be able to pay the next month. About a quarter of Black and Latino renters who responded to the survey did not pay or deferred rent in May. Compared to 14 percent of white renters.

And this sort of disparity holds true for low income renters as well. About a quarter of renters making less than \$50,000 a year did not pay or deferred rent in May, with only eight percent of renters making a hundred thousand dollars or more doing so.

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And so this is a problem, because we're already facing an eviction crisis before COVID-19 hit. You can see here a map from eviction lab showing eviction rates by state in 2016, and just to provide a little context for this challenge, between 2000 and 2016, more than 61 million eviction cases were filed in the United States. And in 2016, 3.1 -- 3.7 million eviction cases were filed. That's equal to seven each minute. And over a third of families were evicted for less than a month's rent.

For example, in Virginia in 2016, one in two evictions were for \$940 or less, one in five were for less than 150 dollars and one in ten were less than 335 dollars.

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And all of this put together contributes to people experiencing housing instability, including homelessness, but also frequent moves, living in crowded conditions, and living in dangerous situations. And research on the effects of unstable housing show an increased likelihood of poor child health, maternal depression and children of those who are behind on rent or homeless were found to have an increased lifetime chance of hospitalizations, while those who are frequent movers or homeless additionally experience chances of developmental risk.

So what's happening across the country to address these challenges as it relates to COVID-19? As a stopgap measure, state and local governments as well as the

U.S. Department of Housing and urban development have (indiscernible) from losing their homes during the COVID-19 outbreak, but these emergency measures vary greatly in form and the degree of protection they provide. At the national level, the federal stimulus package, known as the CARES Act, imposed an emergency eviction moratorium on public housing, Section 8 housing, and a variety of other forms of federally subsidized housing, as well as housing that has a federally backed mortgage loan. Other supports for eviction protection also included individual payments of up to \$1200 per adult for individuals whose income was less than \$99,000, as well as expanded unemployment insurance.

And nearly all states with the exception of South Dakota and Oklahoma passed eviction moratoriums as well. Generally by executive order by the governor or by the courts. While moratoriums block evictions today, the vast majority still allow for widespread eviction as soon as state and federal emergency declarations expire.

And as you can see here, these protections have already begun to expire, particularly in those states that have already begun their opening up process.

Next slide.

So this is just another visualization of the current state of state and local eviction moratoriums from the anti-eviction mapping project. This map shows states, counties, and cities with stronger eviction protections in dark green, and fewer eviction protections in light green. It also shows the current status of those eviction protections with solid areas indicating places where eviction protections are still in place and stripes indicating where eviction protections have already lapsed.

Next slide.

And just to provide a little context for how those eviction protections are rated, they're generally associated with how many phases of the eviction process have been halted. You'll see here on this slide that there are five phases of eviction, from notice of eviction to the filing of eviction to the hearings that are being held at courts, to the rulings that the courts are making, to the actual physical eviction. But there are also rated on how they have been tied to other supportive policies, such as the prohibition of late fees and others.

Next slide.

So what happens now? With many state eviction moratoriums starting to expire, and the extra supplemental unemployment insurance and stimulus also expiring, are we actually headed for an eviction crisis? And unfortunately all signs point to yes. According to an analysis performed by the urban footprint, nearly seven million households across the country could face eviction without governmental financial assistance. These are heavily rent burdened households that have likely experienced job loss as a result of the COVID-19 crisis. And this level of displacement would be unparalleled in U.S. history, carrying the potential to destabilize communities for years to come.

So what can be done about this? Well, a first step is to continue to extend the eviction moratoriums, which has already happened a number of times in a number of different jurisdictions, so for example at the federal level, Fannie Mae and Freddie Mac have already indicated that they'll extend the moratorium on foreclosures and evictions on single-family homes until at least August 31. But eviction moratoriums really only delays the inevitable, moratorium will eventually lift and rent will be do

again. Some additional federal emergency funding has been proposed but it's not clear exactly how much will be available and when that might happen.

So it's imperative that state and local governments plan for this COVID-19 rent cliff. If they don't do that, and we're not intentional about the design of our policy response, we risk overburdening existing systems that have seen declines in federal funding, and we also risk utilizing systems that have historically exacerbated inequalities and excluded some of the most vulnerable renters and communities.

So what can be done? Well, there's no one size fits all fix. And our approaches must be holistic and contextualized. In the short term local jurisdictions can work to pass their own supplemental eviction moratoriums as statewide moratoriums expire. Which would ideally include extended rental repayment periods and prohibitions on late fees. A second strategy includes implementing rate freezes in those jurisdictions where that's an option. A third stopgap measure includes locally funded assistance to help tenants pay their rent on time. A fourth strategy is to offer or require remediation to reduce eviction filings. We know that the mere act of filing an eviction can damage renters' future housing prospects, even if they're able to work out alternatives to eviction. Local government can avoid this by requiring mediation and can utilize approaches to prevent court filings.

When that doesn't work, a fifth strategy includes increasing renter access to counsel through right to counsel laws which have been found to reduce judgments for eviction. And finally localities can start taking measures to help renters that are ultimately are evicted. For example states can pass legislation that might allow for the sealing or expungement of eviction cases to protect renters from the lasting negative effects of those evictions. And additionally localities could pass source of income non-discrimination laws to ensure that renters don't face continued housing discrimination as they go out and seek new housing.

So I'd just like to wrap up by saying that eviction prevention mediation programs and supportive legal environments can play an important role in supplementing the existing eviction moratoriums that have already been passed. Utilizing tools like those listed on the previous slide and a holistic manner can help reduce the number of non-payment cases on court dockets and resolve filings in ways that keep renters, lenders and rental markets afloat.

And with that, I will turn it back to you.

>> ADAM LUSTIG: Thank you so much, Greg, and I think you painted a really good picture of what the eviction crisis is looking like currently and what may be some solutions to tackle that going forward.

Again I'll just give one last reminder for anyone who does have any questions, please submit those in the Q and A box and we'll be addressing those following Bobby's presentation, and with that, I'm pleased to introduce Bobby Watts, CEO of the National Health Care for the Homeless Council. Bobby, the floor is yours.

>> BOBBY WATTS: Thank you, and I just want to thank everyone who has presented, Diane, Sue and Greg, I learned so much from sitting here and trying to take notes.

And I really would just like you to go back in your mind to one of the slides that Greg showed, which was a picture of an iceberg, which showed homelessness was the tip on top and there were so many other factors on the bottom that led to that, and

just tied in so well with what Diane and Sue had said before. It reminds me of what my mentor, Susan Nibocker said homelessness is the failure of every system in society.

So I'm going to spend much of my time really talking about the health impacts of homelessness, as well as how COVID has exacerbated that, as our panelists before have really done such a wonderful job of pointing out the race inequities and the structural inequities that we have to overcome.

So I'd like to introduce us by our mission statement, which is grounded in human rights and social justice, the mission is to build a high quality, equitable health care system through training, research and advocacy in the movement to end homelessness.

Next slide.

I want to describe the council. The best way for me to describe it is it is a really supportive, loving community of those who are working on the frontlines as either health care providers or people with the lived expertise of homelessness, working together to make sure the health care needs are made and as the mission statement says, we're working for a more equitable and just high quality health care system as part of the movement to end homelessness.

So we have three big constituent bodies. We have about 2,000 clinicians that are working on the frontlines in clinics that are -- that specialize in serving people experiencing homelessness. We have about 2,000 individual members, we have about 1500 members of our national consumer advisory board. And consumers is our term for people with the lived expertise of homelessness, people who have received care, they are part of the council and everything we do on our board, every board committee and there's about 1500 of them working in their programs to make sure that the consumer voice is heard. And then we have about 1500 individual members in our respite care providers network, and medical respite is a service or a facility for people experiencing homelessness that no longer have a clinical reason to stay in a hospital, but without medical respite, they get discharged prematurely to a shelter that's not able to take care of them, to a friend's couch or sometimes to the streets. So medical respite helps to break that cycle by giving them a safe place to heal and it's good for them, it's good for housing providers, shelters providers, as well as it saves money and -- for our health care system and ensures better higher quality outcome.

Next slide.

So just very briefly, health care for the homeless programs, there are about 300 across the country, at least one in every state. And the council supports them and a hundred medical respite programs through training, technical assistance, research and policy and advocacy. And these are special federally qualified health centers that meet all of the requirements that every federally qualified health center meets, but in addition, they have to do some kind of outreach because it's realized that many people experiencing homelessness are disengaged or they have been put off by the mainstream health systems, so just having a clinic is not enough. You have to find a way to make sure that you are engaging in outreach, and you also have to provide mental health and substance abuse services or have a very strong linkages.

The last data we have is 2018 and over a million patients were served in the 300 health care for the homeless programs across the country.

Next slide, please.

So just very briefly, really want to talk about -- I look at this from a public health point of view and I really see homelessness as a public health crisis. One thing to talk about in the interrelationship between homelessness and health is poor health causes homelessness. The leading cause of personal bankruptcy in this country for four decades, with two years exception during the financial meltdown of -- in 2009 and 2010, the leading cause is -- for personal bankruptcy is medical bills. And also if you are in poor health, it's hard to keep a job or to have -- maintain a well paying job. You're more likely to rent and we've heard of how precarious renters are even in the best of times, not even talking about in a time of this pandemic.

Homelessness is hazardous to one's health. If you are experiencing homelessness, any health condition that you have will almost -- it's highly likely that it will get worse. It will cause new health problems. It will exacerbate existing ones.

There's constant -- this constant stress of homelessness really needs to be looked at as a public health issue. The constant stress, the constant sleep deprivation, which is often overlooked which affects all parts of your life, all parts of your health, your mental health, your mental acuity, your ability to make good judgments is all compromised when you don't have a stable place to live, when you know you may get rousted by the police, you have to keep an eye out when you are living on the streets or even in a shelter, just so that you are not a victim of crime.

So homelessness exacerbates all kinds of health problems.

And finally the experience of homelessness makes it harder to engage in care and receive appropriate services. You're told to lie down, eat three meals a day, rest well. You cannot do that if you are experiencing homelessness.

Next slide.

So homelessness and COVID, just from the very beginning of this pandemic, we were extremely concerned because we knew that people experiencing homelessness are at an increased risk from COVID. As it's been said, if you're living in a shelter, it's harder to practice social distancing. You have less control over that. So you're more likely to be exposed. And you would think for those living in encampments, living out on the streets, that they could avoid exposure, but that's not exactly true. Many people in encampments share tents, so in essence they are really more -- at more risk because the total air space that two people are sharing is less than it would be in a shelter. It's been pointed out, Adam pointed out in the introduction that if you're living on the streets, you don't have access to basic hygiene.

So the number -- the top two CDC recommendations to protect yourself and to prevent transmission were practice social distancing and wash your hands frequently for 20 seconds or more, all of that makes it harder. You cannot do that when you are a person who is experiencing homelessness.

One of the challenges that we have found is throughout the country, it's been hard for us to get up to speed for testing. And at the beginning of the pandemic, it was very hard to arrange testing for people who were in encampments. Health care for the homeless clinics did not have supplies, testing kits. It was very, very hard. Plus it is a transient population so if you get the test results, at some points people had to wait ten days and it would have been hard to follow up. We've made a lot of progress as testing has become more available, but we have a long, long way to go.

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So just to talk about what some responses that we have made. Some societal responses as well as some responses that the council and the health care for the homeless programs and medical respite programs have made. First the council is very honored that we were consulted and some of our input made it into guidances that were issued both by CDC and HUD. Guidance for people experiencing homelessness, people in congregate settings and those who are unsheltered. And we've seen a tremendous use of alternative care sites for isolation and quarantine. What every community had to determine is how will they provide isolation and quarantine for people without homes, people who could not shelter in place, who could not stay at home, and many cities used different approaches, but they generally were we will -- people who have tested positive or people who have been exposed, we will remove them and place them in safe settings. Or at least that was the attempt. Sometimes that was a large congregate setting, stadiums, arenas were transformed into places where people could go. Often in California they put people into hotel rooms as many other states did as well. California also put people -- some people in RVs, which they recommended -- excuse me, which they leased.

And the CDC recommended that there be a -- that there be a ban on sweeps of encampments, which was very humane. Many people were receiving services from street outreach teams, from street medicine. To disperse them, people would be cut off from services recommended, and many cities did, put out hand washing stations, portable toilets so they could have safe hygiene.

We talked about structural inequities and structural is the keyword, and I'll just add that we have seen huge discrepancies in COVID based on these structural inequities. African-Americans are three times as likely to be exposed to COVID and to contract COVID. And right now at least twice as likely to die from COVID. So we have seen the results of these inequities and where there's been the confluence of homelessness, poor health, poor housing and COVID.

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This is my last slide. I just want to point out that our challenge is really to address these structural inequities as we move forward, and I'll use my -- I'll stop because I'm out of time, but as we go through questions, I know the panelists have many great ideas, and -- of how this is the moment that we have to seize. We have COVID and the nation is reeling from that, and we have never been -- never before in my lifetime seen such a mass movement focused on addressing structural inequities, so we also have some resources on COVID and also around medical respite.

I thank you very much.

>> ADAM LUSTIG: Great, thank you so much, Bobby, and thank you to the other presenters as well. I'm hopeful that everyone that is attending today was able to hear from all of them. If not as a reminder again, we will have a recording of this webinar available early next week.

So we're now moving into the Q and A portion, and I wanted to pick up on what Bobby just ended with related to inequities. So this is a question to the full group, and feel free to all of you to chime in. I was wondering how can the local, state and federal government prioritize racial equity when deciding what actions they need to take in order to address the housing needs of their specific communities and specifically thinking about individuals who may be housing insecure or experiencing homelessness?

>> SUE POLIS: This is Sue. I'm happy to take a crack at that big question.

No silver bullets. I think I said that once already. But one of the things that we've been trying to help cities do is, you know, build an action roadmap, a longer term sort of picture of what needs to happen in their city for transformative change and then help them look at short term efforts. Many of the cities that we're working with, we have an initiative called cities of opportunity with the Robert -- with support from the Robert Johnson foundation. And so what cities are standing up when they're trying to think about how to ensure greater equity is a lens, like an equity and all policy approach, if you will. You know, what's the mechanism that they can have in place so all future policies are put through some sort of emphasis on ensuring efforts that are tailored and targeted to areas of greatest need.

So we're starting to see things like that emerge in our work. And, you know, frankly this is -- it's hard, right? To do this. If it were easy, it would be done. So a big part of our initial focus is helping cities think about the alignment within their own city agencies and, you know, somebody made a point in the question about how do you better align all these services and support. It's not just housing, there's other needs. So a lot of this work is trying to build alignment across city agencies, and frankly it's culture change, right? How do you build trust? How do you learn to work in environments where people don't always have the same goals? And so a lot of this work is capacity building in cities to try to get to these better outcomes.

So that's not a quick answer, but hopefully it gives you an idea of how we're trying to help cities, support cities to do this.

>> ADAM LUSTIG: Great.

>> DIANE YENTEL: This is Diane, if I could add to that. I agree and appreciate everything Sue said, and just to add to say that each of us spoke today about the racial inequities and the disproportionate harm that the housing crisis pre and during COVID-19 does to people of color. So one of the best ways to use resources to start to overcome and reverse some of those inequities is to direct the limited resources that exist, whether for rental assistance, eviction prevention, homelessness assistance and so on, to direct those towards the communities that are disproportionately people of color. So when you have resources like rental assistance dollars, for example, that can be used for a wide range, let's say, of incomes, if you target those resources towards extremely low income people, or towards people experiencing homelessness, we know that people in those situations are disproportionately Black, Latino, Native American. So you are already starting to reverse some of the inequities when you direct limited resources towards those populations with the greatest needs that are disproportionately people of color and other historically marginalized people.

>> BOBBY WATTS: Hi. This is Bobby, I'd like to chime in also. I agree, and I'm reminded of the fact that we are the only industrialized nation that really does not have good policies that reflect the truth that health care and housing are human rights. So we really have to look at the aberration that our country is in and having such a vast level of both people who are without health insurance, without access to health care and without housing.

The governor of Kentucky has recommended that he was going to extend health insurance to African-Americans because they are the most deprived. That's an example of what Diane has said.

On the other hand, I just also want to say we should not give in to the fact that we don't have enough resources. Racism and discrimination thrives when there is a perception that we don't have enough for everyone. And we need to always as we're looking for targeted interventions, which (indiscernible) solution, also be looking to expand the pie and not buy into the lie that this country can't afford to provide housing for everyone.

>> ADAM LUSTIG: Great, thank you, everyone.

Greg, I just want to give you an opportunity, if you wanted to pipe in on this question at all.

>> GREGORY MIAO: I don't want to be left out, so I'll just say that I -- I generally agree with what everyone has already been saying, and the only thing I would just want to add on to that is that I think there is more we can do just beyond targeting specific populations, because I think that the way that we want to connect our services and take a holistic approach means that it's not just providing resources to those communities, but also changing the way we work so that we're working well with those communities. And I just wanted to put that note out there.

>> ADAM LUSTIG: Great. Thanks, Greg.

The next question I have I actually think will be quite relevant for you, and it's really talking about the larger housing ecosystem, and so I know with the presentation that you did here, we've really been talking about tenants and renters, but you haven't really acknowledged the impacts on landlords, especially some of the more small mom and pop landlords. So what are some of the solutions that we may want to explore to provide landlords with assistance who may be at risk of foreclosure, which would then impact the tenants that they serve?

>> GREGORY MIAO: Sure. I'll take a first crack at that.

I think that the -- well, the most direct solution that I think everyone has talked about or identified, you know, is influx of money to rental assistance programs. The most ideal solution here is to get money into the renters' hands so they can pay their landlords so the landlords aren't facing the consequences of lapsed payment or delayed payment.

I think when you go beyond that, I think what we've seen is that there are a lot of evictions that get filed that -- where the amount that's owed really is pretty de minimis and minimal, and so utilizing some of the strategies to try to ensure that they are -- landlords are able to, you know, recoup, but that balance the need to give tenants a little bit more time to make that payment I think is a better strategy, one that actually benefits landlords in the long run.

>> ADAM LUSTIG: Great. Thank you. Any other panelist like to weigh in on this question?

>> DIANE YENTEL: Sure, this is Diane, to echo and reinforce to say that the beauty of emergency rental assistance is that it serves the needs of both renters and small landlords, so we want to assure that we don't end this crisis having burdened more low income renters with debt that they can't dig their ways out of, and we don't want to lose some of our country's essential housing stock, and small landlords rely on rental income in order to operate and maintain their properties. So rental -- emergency rental assistance that's provided to renters to pay the rent allows us to avoid both negative outcomes. We're able to keep low income renters stably housed

during the pandemic, and small landlords are able to continue to keep up their properties.

>> ADAM LUSTIG: Great. Thank you, Diane.

Moving on, we have a few questions related to the role of state Medicaid programs in addressing health equity and homelessness and I'd like to broaden this out a little bit as well and just thinking about cross sector collaboration and how either homeless shelters or other organizations focused on housing insecurity issues may be able to collaborate, whether that's with Medicaid programs, whether that's with health care providers, or other sectors that have a vested interest in this topic and would love to hear either specific examples of some of the work that your organizations are doing or any examples at the local or state level as well on this topic.

>> BOBBY WATTS: I'll begin. I think one of the outcomes of the COVID pandemic which may result in good long-term care is the greater realization that housing is health care, and that you can't address the health care of -- needs of people if they don't have adequate housing.

So we've seen a lot of shelters, rescue missions, begin working would their local health departments and the health departments working with them. Generally when there are emergency plans, the homeless response system is not really well incorporated, but that has not been the case this time. In many cities for the first time really started thinking about -- ahead of time about how to make sure people in shelters and on the streets were taken care of. This guidance from CDC and HUD certainly helped with that. And we're hoping that these partnerships will continue and our organization is working to help support these partnerships and to help our health care for the homeless program stay engaged with their COCs and with the other housing partners.

>> DIANE YENTEL: And this is Diane. I will add on from the federal level and with a slightly wider lens, to answer that same question, and we a couple of years ago now launched a campaign called opportunity starts at home, and we launched it with the understanding that, one, that people who care about affordable housing have been working towards solutions for many years and many decades, and have had some wins along the way, but in the meantime, the crisis has actually gotten worse, and we recognize that we need to do something different. And at the same time we have this growing body of research that makes this very compelling case for how central housing affordability is to so many other outcomes of our lives. We heard about some of that today. We know when we're affordably housed, we're healthier, our kids do better in school. We earn more over our lifetimes. We even live longer depending on the neighborhood we live in.

And so with this, and also with this call from Christian all better who founded the low-income housing coalition said (indiscernible) we basically asked leaders of all of these other fields, from civil rights and racial justice to education, to health care, to local governments, whether they were as convinced as we are that they won't be successful in achieving their goals of healthier kids or better educated families until more people are affordably housed, that they would be willing to join us in our advocacy for affordable housing, and we started the campaign and we have a steering committee made up of National League of Cities and national education association and children's health watch and many other leaders from non-housing fields who are saying we can't -- we won't be successful in our work unless you're successful in yours, and they're joining us to advocate for more federal investments in affordable

housing and I really believe if we get this right that this can be the tipping point in building that political will to the degree we need to get the scale of solutions and investments that we need.

>> GREGORY MIAO: Adam, I wanted to hop in real quick. If I remember correctly, you termed this in terms of accessing alternative funds or Medicaid funding or health care institutions, and what it brings to my mind is the fact that we've talked a little bit about how funding basically almost any housing is a part of the solution, and I don't mean to be trite, but there are some more direct links, I think, that we've seen where we do see investment in preserving our existing affordable housing stock and making sure that it's not deteriorating, becoming unhealthy and becoming a cause of housing instability, and I just wanted to point out that there are certainly ways that those funding sources can be leveraged for the creation of new affordable housing, but that in many ways if that same money is going to the preservation of existing affordable housing or maintaining units in healthy and habitable manners that plays a key role in ensuring that we have a healthy housing stock.

>> ADAM LUSTIG: Thank you. Sue, anything you'd like to adhere to?

>> SUE POLIS: Well, you know, I was going to talk about, you know, the centers for Medicare and Medicaid innovation and the accountable health communities. There is a greater recognition within the health sector of the needed -- the need to better coordinate services and so that is happening in many communities across the country, and among others, you know, and we're trying to support cities in aligning to these efforts, but, you know -- and accountable health communities is one effort. There are others like build health and a number of others, but the whole goal here is to try to get sectors talking to each other and providing capacity building to do that. And so hospitals as anchors, universities as anchors, you know, these are things that we're trying to support cities as they try to do this work and develop more strategic partnerships to try to help folks that have these great needs for services and supports.

>> ADAM LUSTIG: Great, thank you for that.

We're going to end with one last question. I do want to acknowledge that there were many questions submitted in the Q and A box that we were unable to get to. We will be sharing those with the panelists, and so we are able to answer those, but we'll make sure to post those questions along with their responses with the webinar recording.

So for our last question, I'm going to ask a big question, and ask for brief answers so I'm sorry it's a bit unfair to our panelists here. But in looking at many of the short term policy solutions that we've seen to address homelessness and housing insecurity in the midst of COVID-19, are there any of those that could be adapted to address homelessness and housing insecurity in a more permanent way?

>> DIANE YENTEL: This is Diane. I mean all of them can be. The solutions to ending the housing crisis and ending homelessness aren't complicated. People are homeless because they don't have access to affordable homes and accessible homes, and so we need more housing that's affordable to lowest income people and we do that by increasing the supply to apartments. We do it through eliminating restrictive zoning that inhibits the supply of any kind of apartments, much less affordable apartments. We do it through expanding proven solutions to ending homelessness and housing poverty

through rental assistance, like the Section 8 voucher program, and we create eviction prevention programs through cash assistance that allow people to weather a financial shock. And all of these are things that we're needing more than ever now. We see, you know, that COVID-19 has really laid bare how badly these solutions are needed, but they have always existed, and as I said in the beginning, the only thing that we lack here is actual political will to fund these solutions at the scale necessary.

>> GREGORY MIAO: This is Greg. I couldn't agree with Diane or. I just want to reiterate what she said, which is that all these problems were with us beforehand, and so all of the solutions that we're identifying here, none of them are -- very few of them are new relative to COVID-19. Most of them existed beforehand and will continue to play an important role in addressing homelessness and housing insecurity moving forward.

And I think you primed us earlier with what are the benefits of what's happening now kind of question, and I was really trying to dig in and figure out if I could figure that out. But I think one answer I have is that the more pressing the crisis, the more likely we are to try to actually utilize and implement these strategies and tools, and if there is any silver lining, I dislike the term, but it's maybe we'll get wider spread adoption of this.

>> ADAM LUSTIG: So Sue or Bobby, any comments on this question?

>> SUE POLIS: No. I would just echo what's been said. I said it at the outset of my remarks that in every challenge, there are opportunities, and we're trying to support cities, making short term decisions, taking in longer term considerations with their housing. Like with healthy housing, and where you're trying to intervene on lead and mold. It's easy to make some cutbacks that would further, you know, exacerbate the value of your housing stock over the longer term, so we're trying to arm cities with a lot of these considerations so they can make these trade-offs and figure out how to get the investment they need to expand and improve existing housing. But, you know, it's complex, and, you know, there's not a single point of entry for housing in cities. There's different levels of jurisdiction, from different departments, and so the alignment becomes really key so we can have more comprehensive approaches and that's part of what we're trying enable cities to do, because there's existing stock to be improved, in addition to, you know, inclusionary zoning, many of the things folks talked about today. The solutions are there. They just need to be put together more comprehensively and effectively, and the funding needs to be there to support them.

>> BOBBY WATTS: I'll just add from a small bore point of view. We have realized that it's not healthy for people who are medically compromised or elderly to be in congregate care settings. We've put them in hotel rooms or we've made other arrangements. Many of those are coming -- the leases are coming to an end, and my question is why would we ever revert to take them and putting them back in a situation that is unhealthy. We've added and this is again not by no means a substitute for a shelter or housing, but we've added some basic hygiene, hand washing stations, toilets during this pandemic, for those who don't have any other means. Why would we ever take them away? So hopefully we're realizing that we can meet people's needs and that we will keep extending that past this pandemic, not in just these small bore ways but in the larger ways that the other panelists have addressed too. We're focused on some of these real small bore things that are coming up right now.

>> ADAM LUSTIG: Great, thank you all so much. This was a really robust, not only your presentations were really tremendous but I think also the Q and A period was one where we got to get a little more in depth on some of these issues and respond to the questions that we've heard.

If you wouldn't mind, could we move to the save the date slide if possible?

I did just want to highlight one upcoming congressional briefing, a virtual congressional briefing that the trust fund is hosting on July 30 and we will be having remarks by the honorable Representative Robin Kelly and the honorable Senator Corey Booker. You're getting a sneak peak here as I believe the save the date is going out later today. So if you're interested in attending this briefing, please visit our website or subscribe to our mailing list where there will be a link to that as well.

And with that I'm happy to pass it back to Kathy to wrap up.

>> MURLEAN TUCKER: Thank you, Adam, it's Murlean. And many thanks to our sponsor, Trust for America's Health, today and thank you to our audience, a recording of the presentation and slides will be available next week at Dialogue4Health.org. A brief survey will be shown when you exit the forum. We encourage you to take a few minutes to complete it. We'd really love to hear from you. Thanks so much for being with us, and that concludes today's web forum.

Have a great day.

(End of webinar.)

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