2-22-2010

Foreclosure and Health Status

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Foreclosure and Health Status

Abstract
In 2009, more than 2.8 million housing units in the U.S. received a foreclosure notice. That represents about 1 in every 45 properties and a 120% increase in the number of foreclosed properties since 2007. Real estate experts predict even more foreclosures in 2010 as high unemployment continues. The cascading effects of the foreclosure crisis on the U.S. economy are all too clear; the effects on individuals' health status are less obvious. This Issue Brief summarizes two studies that examine the health implications of foreclosure and reveal a vulnerable population that may benefit from coordinated health and financial services.

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Despite the magnitude of the foreclosure crisis, little is known about the relationship between health status and foreclosure. Because the steep rise in foreclosures has disproportionately affected vulnerable minority and low-income groups, it has the potential to exacerbate disparities in health and health care.

Prior research has not directly assessed the health of people experiencing foreclosure, but considerable evidence suggests that health and wealth are tightly connected, and that financial strain is associated with poor health.

The health status of homeowners has traditionally tended to be better than that of renters. However, the financial and emotional stress of foreclosure may undermine the potential benefits of homeownership. Foreclosure is usually preceded by a long period of financial strain, and the process of foreclosure can require months or years to play out.

Poor health might also be an important cause of foreclosure. Previous studies have found that ill health and the resulting medical expenses cause a substantial portion of personal bankruptcies in the U.S. Seven percent of participants in the National Foreclosure Mitigation Counseling Program reported that medical issues were the primary reason they were facing foreclosure.
The investigators found physical and mental health problems among those facing foreclosure that were significantly more severe than among similarly vulnerable individuals in the general population. These results suggest that poor health may be either a cause or an effect of foreclosure.

• More than one-third of study participants met screening criteria for major depression.

• Homeowners undergoing foreclosure reported significantly worse overall health than the community sample, but this difference was no longer significant after socioeconomic characteristics were taken into account. After adjusting for demographic and financial factors, however, people undergoing foreclosure had significantly higher rates of hypertension and heart disease than others in the community.

• Compared to the community sample, those in foreclosure were more likely to be uninsured (22% compared to 8%). Nearly 60% reported that they had skipped or delayed meals because they couldn't afford food, and people undergoing foreclosure were also more likely to have forgone filling a prescription because of the expense during the preceding year (48% vs. 15%).

• About 9% of the study participants reported that a medical condition in their family was the primary reason they were undergoing foreclosure. More than one quarter of those in foreclosure said they owed money to medical creditors.

In partnership with a mortgage counseling agency, Pollack and Lynch surveyed 250 Philadelphia homeowners who had sought credit counseling for home mortgage foreclosure.

• Between July and October 2008, mortgage counselors distributed the self-administered survey to new clients after intake visits. Clients were eligible to participate if they were at least two months behind in their mortgage payments.

• The survey recorded information on demographics, household composition and income, and features of the loan and home under foreclosure. Respondents were asked about the single most important reason for their missed mortgage payments.

• The survey also asked about self-rated health status, clinician-diagnosed chronic conditions, depression, insurance status, health care use and costs, and health-related behaviors.

• The investigators compared people undergoing foreclosure to members of the community at large using the Philadelphia Public Health Management Corporation's 2008 survey of a random sample of Philadelphia-area adults.

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Alley and colleagues sought to understand how mental and physical health varies across four housing groups, defined by ownership status, affordability, and payment history: homeowners experiencing foreclosure/default; homeowners under moderate housing strain; homeowners with no housing strain; and renters.
The results of these studies demonstrate that people facing foreclosure are a vulnerable population at high risk for further declines in financial and health status. This group may benefit from a coordinated approach that combines access to financial and health services.

• Policymakers should consider the connections between foreclosure and health as they craft policy responses to keep people in their homes. Increasing access to affordable health care may, in some instances, lessen the risk of foreclosure and help mitigate related health risks.
POLICY IMPLICATIONS (continued)

- Health care organizations and public health practitioners may be able to leverage current efforts to connect homeowners with mortgage counseling agencies. For example, mortgage counselors could be trained to provide information about how to access safety net health care, through community centers or government agencies. Crisis counselors or social workers could be placed at mortgage counseling agencies to provide direct assistance and advice.

- Physicians should inquire about housing strain and, when appropriate, steer patients towards mortgage relief resources. One such resource is HOPE NOW, an alliance between counselors, mortgage companies, investors, and other mortgage market participants. It can be found on the web at https://www.hopenow.com/ or by calling 1.888.995.HOPE.


Published by the Leonard Davis Institute of Health Economics, University of Pennsylvania, 3641 Locust Walk, Philadelphia, PA 19104. Janet Weiner, MPH, Associate Director for Health Policy, Editor David A. Asch, MD, MBA, Executive Director

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