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Californians Faced Issues of Housing and Access to Health Care During the COVID-19 Pandemic

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KEY TAKEAWAYS

- > Due to the COVID-19 pandemic, millions of California adults had trouble paying for housing in 2021, while others faced housing instability. These adults were more likely to be renters, low-income, Black or African American, Latino, LGBTQ, or noncitizens.
- > California adults who had trouble paying for their rent or mortgage reported cutting back on health care and basic needs. California adults facing housing instability or affordability were also more likely to have no health insurance or usual source of care and to delay needed medical care, and they were less likely to have had a preventive care visit in the past year.

This brief describes the relationship between housing affordability and housing stability and health care access during the ongoing COVID-19 pandemic, using the 2021 California Health Interview Survey (CHIS). Data from CHIS show that in 2021, about 1 in 10 California adults reported having financial difficulties paying for their rent or mortgage, and 4.4% reported that their housing situation felt unstable during the COVID-19 outbreak. Examining potential housing disparities, the author found that whether or not California adults had unstable housing varied widely by homeownership status, race or ethnicity, sexual orientation, gender identity, and citizenship status. Findings suggest that adults who struggled to pay for housing or had unstable housing were less likely to have access to health care.

About

1 in 10

(3.1 million) California adults struggled to pay for their rent or mortgage due to the COVID-19 outbreak.



INTRODUCTION

More than 2.6 million Californians lost their jobs due to fraught economic conditions precipitated by the COVID-19 pandemic in 2020.¹ Despite a better economic environment in 2021, findings from the California Health Interview Survey (CHIS) indicate that about 1 in 10 (or 3.1 million) California adults struggled to pay for their rent or mortgage due to the COVID-19 outbreak.

Housing in California has become unaffordable for many of the state's residents. In December 2021, the median price of an existing single-family house in the state was around \$800,000, similar to home prices in metropolitan counties such as Los Angeles and San Diego. In San Francisco, the median price was even higher, at \$1.6 million.² In the rental market, the National Low Income Housing Coalition estimated that Californians would have to earn at least \$39 an hour to afford to rent a two-bedroom apartment (the state's minimum wage is

\$15.50 in 2023), making California the second most expensive rental market in the United States, after Hawaii.³

Californians see housing issues as a priority. According to a survey by the Public Policy Institute of California, housing cost and availability was the third most important issue for Californians ahead of the November 2022 election, with the state of the economy first and homelessness second.⁴ Housing issues are salient in current political debates, but they are also crucial issues of public health concern.

During the height of the pandemic, California enacted policies and programs such as the COVID-19 Tenant Relief Act, the Rental Housing Recovery Act, and the COVID-19 Rent Relief program to prevent evictions and to assist residents with housing costs.⁵ However, these policies expired in 2022. Research indicates that people of color, LGBTQ+ individuals,

immigrants, and low-income residents have been at a higher risk for eviction or displacement due to existing inequities amplified by the COVID-19 pandemic.^{6–10}

Housing is a key social determinant of health. Someone's housing situation has consequential effects on their overall health and well-being.¹¹ Housing affects a person's health through four pathways: affordability, stability, quality and safety, and neighborhood conditions.¹² This policy brief describes the relationship between housing affordability and stability and health care access during the ongoing COVID-19 pandemic. Using the 2021 CHIS, this brief utilizes housing affordability and stability indicators to examine potential housing disparities by homeownership status, race or ethnicity, sexual orientation, gender identity, citizenship status, and income.

Housing in California: Who Rents and Who Owns

In 2021, a majority of California adults were homeowners (57.9%), more than a third (36.8%) were renters, and 5.3% reported having some other type of living arrangement (see Data Sources and Methods section).

When comparing across racial or ethnic groups, American Indian or Alaska Native (AIAN) (73.3%), white (68.7%), and Asian (60.2%) respondents were more likely to report being homeowners than members of other racial or ethnic groups in California. Black or African American (49.3%), Native Hawaiian or Pacific Islander (NHPI) (48.2%), and Latino (46.4%) respondents were more likely to report being renters than those in other racial

CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

CHIS is the nation's largest state health survey, with more than 22,000 respondents annually, and provides population-representative estimates of noninstitutionalized populations in California. Estimates provided in this policy brief do not include responses from correctional facilities, dormitories, skilled nursing facilities, or people experiencing homelessness.

or ethnic groups. More than half (51.9%) of adults who identified as two or more races were homeowners, and 41.8% were renters.

A disproportionate percentage of adults in low-income households were renters. Only about 3 in 10 adults with incomes of 0%–99% of the federal poverty level (FPL) were homeowners, and a majority were renters. In comparison, 7 in 10 adults with incomes of 300% FPL or above were homeowners, and about one-fourth were renters. (See Data Sources and Methods for methodological details concerning the calculation of FPL estimates.)

The percentage of lesbian, gay, or bisexual (LGB) homeowners was significantly lower than the percentage of straight or heterosexual homeowners (43.3% vs. 59.7%), and a disproportionate percentage of LGB adults were renters compared with straight or heterosexual adults (47.7% vs. 35.4%). Meanwhile, the percentage of transgender homeowners was



significantly lower than that of cisgender homeowners (34.8% vs. 58.2%), and transgender adults were more likely than cisgender adults to be renters (50% vs. 36.6%).

More than 6 in 10 California adults who were U.S. citizens reported being homeowners, compared with 3 in 10 noncitizen California adults. The proportions of renters by citizenship status are reversed between U.S. citizen and noncitizen California adults: More than 6 in 10 noncitizen California adults were renters, compared with 3 in 10 U.S. citizen California adults.

Housing Affordability Issues Due to COVID-19

According to the 2021 CHIS, about 1 in 10 (10.3%), or approximately 3.1 million, California adults reported having financial difficulties paying their rent or mortgage because of the COVID-19 outbreak (see Data Sources and Methods). Across regions in California, 12.6% of adults (or 977,000) in the Los Angeles region reported having struggled to pay for housing due to COVID-19, higher than areas such as the

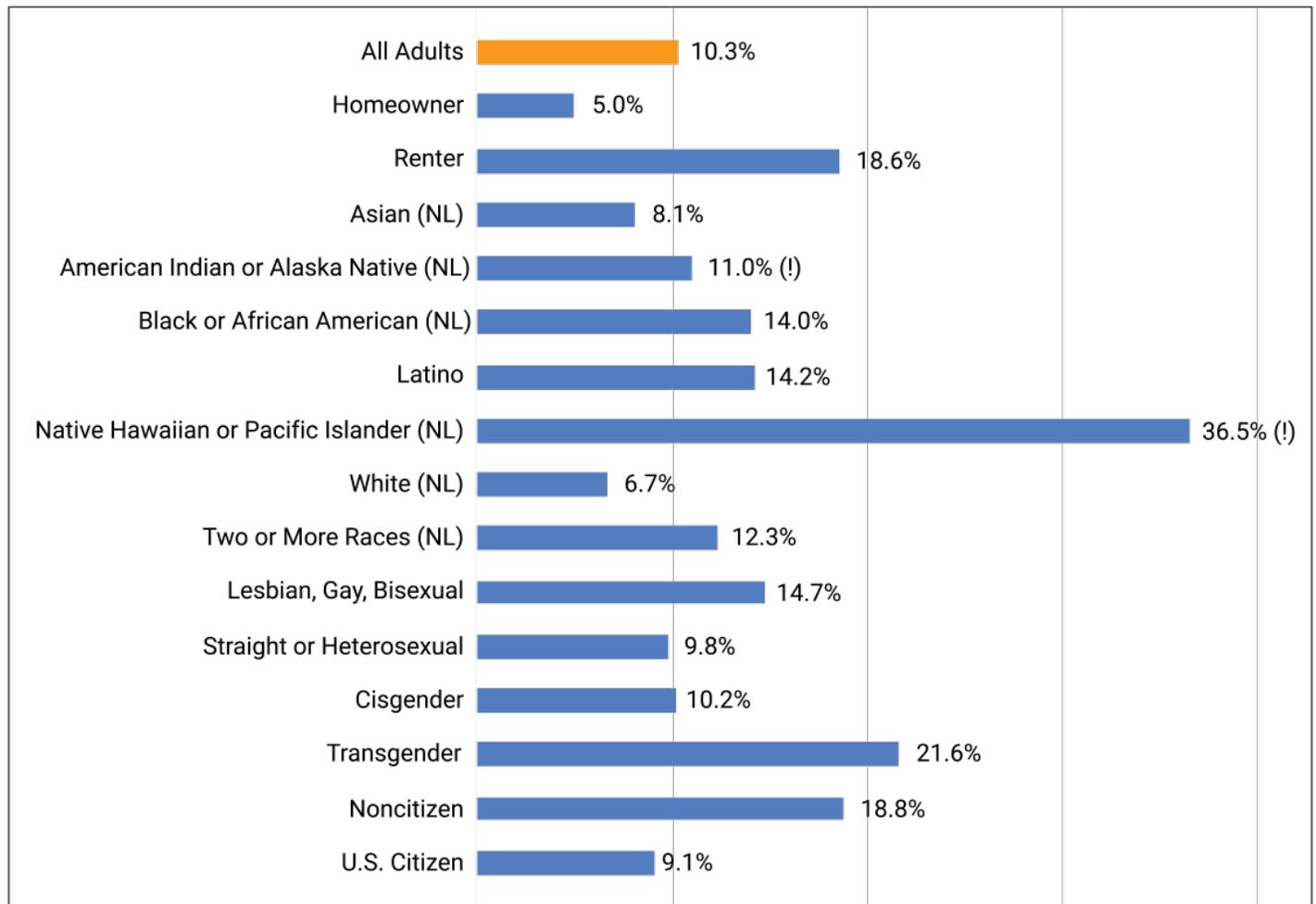
Greater Bay Area and Sacramento (8.8% and 8%, respectively).

Renters were particularly likely to face difficulties paying for housing. Compared with homeowners, renters were more than three times as likely to report having struggled to pay for housing due to COVID-19 (18.6% vs. 5%) (Exhibit 1).

When comparing racial or ethnic groups, 8.1% of Asian adults reported having trouble paying their rent or mortgage due to COVID-19. Latino and Black or African American adults were more than twice as likely as white adults to report having struggled to pay for housing in 2021 (14.2% and 14%, respectively, vs. 6.7%) (Exhibit 1).

Disparities in housing affordability among Latino and Black or African American adults compared with white adults exist regardless of homeownership type. Among renters, combined 2020 and 2021 CHIS data showed that a significantly higher percentage of Latino and Black or African American adults reported

Exhibit 1 / Percentages of Adults Who Struggled To Pay for Rent or Mortgage Due to COVID-19 Across Population Subgroups, California, 2021



Source: 2021 California Health Interview Survey
 ! = Statistically unstable estimate (see Data Sources and Methods).

that they struggled to pay for housing due to COVID-19 compared with white adults (18.6% and 19.4% vs. 12.3%, respectively). Among homeowners, Black or African American and Latino adults also disproportionately reported having struggled to pay for housing when compared with white adults (9.8% and 6.7% vs. 3.1%, respectively). (See Appendix, Exhibits A1 and A2, for a complete breakdown of reports of housing affordability issues by homeownership type and by racial or ethnic group.)

A statistically higher percentage of LGB adults reported having struggled to pay for housing compared with straight or heterosexual adults (14.7% vs. 9.8%). This difference seems to be primarily driven by disparities between lesbian or bisexual (LB) women and heterosexual women. Among LB women, 18.5% reported having struggled to pay for housing, compared with 9.8% of straight or heterosexual women (see Appendix, Exhibit A3). There was no significant difference between gay or bisexual men compared with straight or heterosexual

men who reported struggling to pay for housing due to COVID-19 (see Appendix, Exhibit A4). A significant difference was observed between transgender and cisgender adults in how COVID-19 affected their ability to pay for housing: Among transgender adults, 21.6% reported having struggled to pay for housing, compared with 10.2% of cisgender adults.

California adults who were noncitizens disproportionately reported having struggled to pay for housing compared with adults who were U.S. citizens. The proportion of noncitizen adults who reported having struggled to pay for housing due to COVID-19 was twice that of U.S. citizen adults (18.8% vs. 9.1%). According to the Urban Institute, since 2018, many immigrants have avoided participating in public benefits programs due to fears and confusion around changes to the federal “public charge” immigration rule.¹³ The 2021 CHIS indicated that 8.1% of noncitizen California adults had avoided public benefits programs due to immigration concerns in the past year. Of noncitizen adults who avoided public benefits programs, 3 in 10 reported having struggled to pay for housing due to COVID-19, compared with just over 1 in 10 noncitizen adults who did not avoid public programs in 2021. Immigrants (particularly those who were undocumented) and certain mixed-status families were ineligible for federal COVID-19 relief aid packages, such as those available under the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020. This may also have contributed to the financial difficulties that noncitizen Californians experienced during the pandemic.¹⁴

Housing Stability

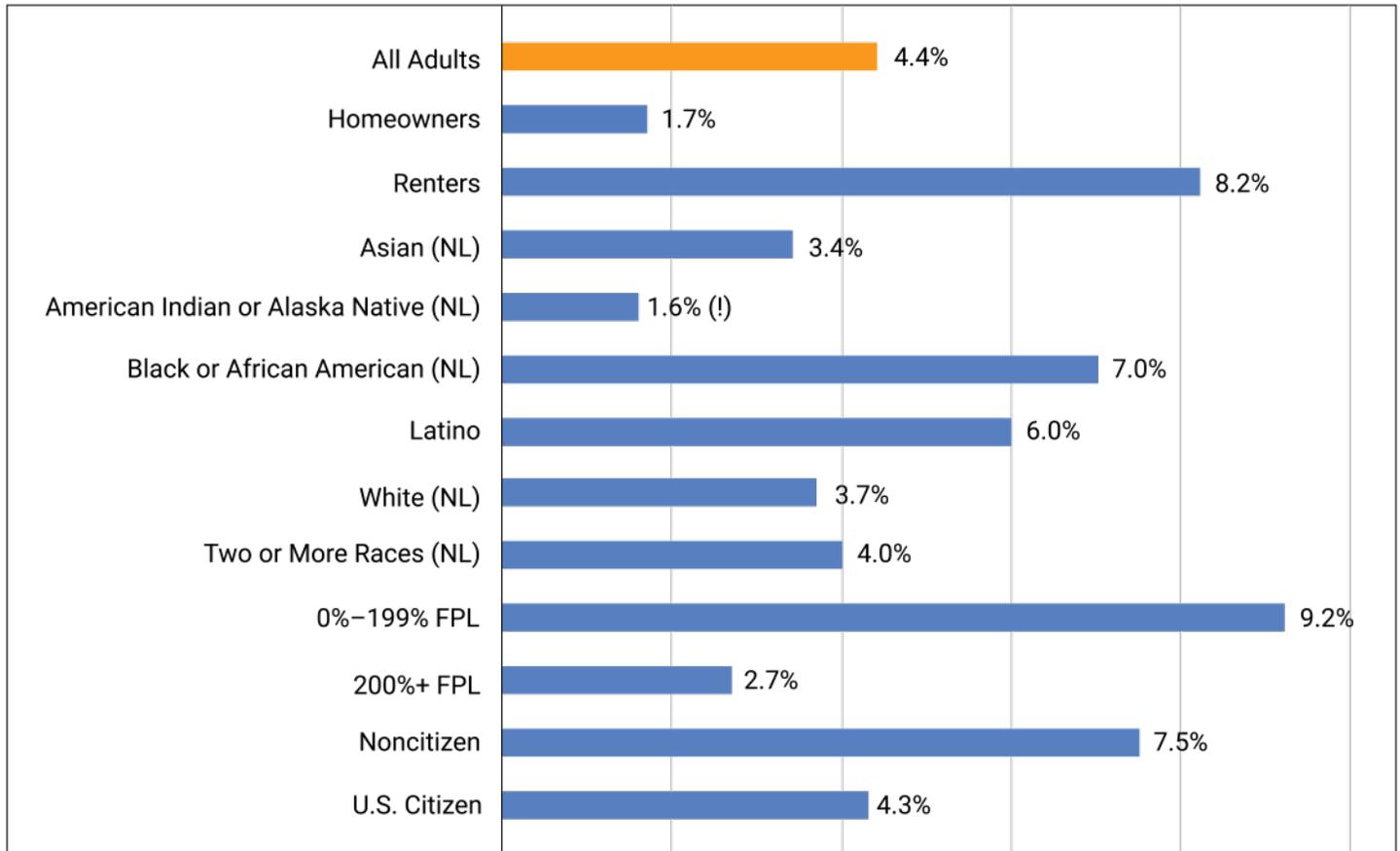
The 2021 CHIS included a new question regarding how “stable” respondents felt about their current housing situation (see Data Sources and Methods). Across California, 4.4% of adults (or 1.39 million) reported that their current housing situation felt unstable in 2021 (Exhibit 2).

Disparities in housing affordability across the California population groups mentioned previously were similar to disparities observed in housing stability. For instance, the proportion of renters who reported that their housing situation felt unstable was significantly greater than the proportion among homeowners (8.2% vs. 1.7%).

Comparing across racial and ethnic groups, a significantly greater proportion of Latino adults reported that their housing situation was unstable compared with white adults (6% vs. 3.7%). However, this disparity was driven by differences in housing stability between Latino and white homeowners, but not between Latino and white renters (not shown). Housing stability during the pandemic among renters of other racial groups compared with white renters was also not statistically significant. There were no responses captured for Native Hawaiian and Pacific Islander adults under this category, and the estimates for American Indian and Alaska Native adults were statistically unstable (see Appendix, Exhibit A5).

Low-income adults were more likely to report that their housing situation felt unstable compared with adults in higher income groups. A significantly greater proportion of adults with incomes of 0%–199% FPL reported having

Exhibit 2 / Percentages of Adults Who Reported Feeling That Their Housing Situation Was Unstable Across Population Subgroups, California, 2021



Source: 2021 California Health Interview Survey
 ! = Statistically unstable estimate (see Data Sources and Methods).

unstable housing compared with adults whose incomes were 200% FPL or above (9.2% vs. 2.7%).

Mirroring the disparities observed in housing affordability by immigration status, noncitizen adults reported having greater housing instability compared with U.S. citizen adults in California (7.5% vs. 4.3%). Closer examination of noncitizen adults who avoided participating in public programs out of fear it would affect their immigration status showed a disproportionately higher percentage reporting having unstable housing compared

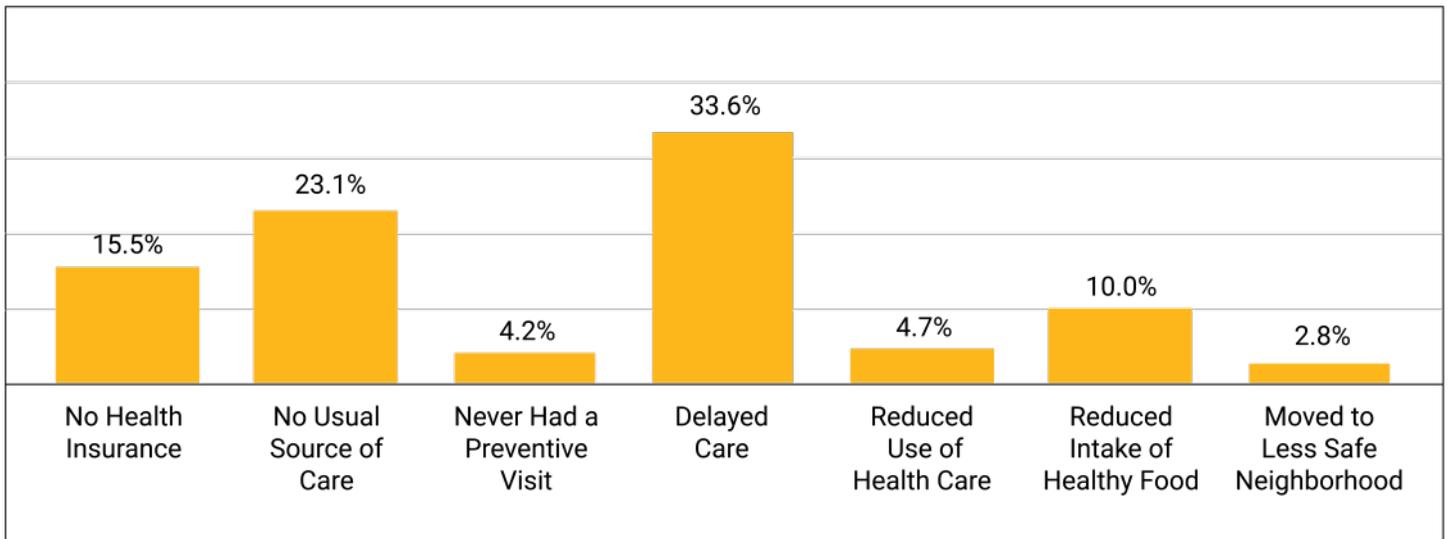
with noncitizen adults who did not avoid participating in programs (11.6% vs. 4.4%) (not shown).

These findings suggest that the COVID-19 outbreak negatively affected housing affordability and may have impacted feelings of housing stability in California, especially for certain population subgroups.

Housing Issues Due to and During COVID-19 Pandemic Create Health Trade-offs

This section evaluates the relationship between housing affordability and housing

Exhibit 3 / Percentage of Adults Who Struggled To Pay for Housing Across Access to Care Indicators, California, 2021



stability and utilization and access to health care in 2021.

Unaffordable cost of housing discourages health care use and cuts access to basic needs. When struggling to pay for housing, Californians reported cutting back on health care and basic needs. The 2021 CHIS indicated that in the past three years, 4.7% of California adults, or 1.39 million, reported having to cut back on seeking health care because they were struggling to pay for housing. Californians also cut back on basic needs. In 2021, 10% of adults (2.95 million) reported having to cut back on healthy and nutritious food, and 2.8% (836,000) reported having to move to a neighborhood that felt less safe in the past three years because they were struggling to pay for housing (Exhibit 3).

Adults experiencing housing issues are less likely to be insured or have a usual source of care. In 2021, a disproportionate number of

adults who struggled to pay for housing due to COVID-19 were without health insurance compared to those who did not struggle to pay for housing (15.5% vs. 6.8%). Similarly, among adults who reported having unstable housing, a disproportionate number reported having no health insurance coverage compared with adults who reported having stable housing (16.7% vs. 7.2%).

Population disparities in health insurance coverage are due to various factors, including experiencing housing affordability or stability issues. CHIS data have shown that compared with homeowners, renters are more likely to have struggled to pay for housing due to COVID-19 or to report having unstable housing situations. A likely scenario is that cost-burdened renters are opting out of getting health insurance, especially when health insurance premiums are also unaffordable. Adults who experience housing issues may

also lack or have a gap in their health care coverage after experiencing a change in employment, such as a reduction in work hours or job loss. Since health care coverage in California is primarily employer-sponsored, with 46.8% of adults in the state reporting they had employer-sponsored insurance in 2021, a change in employment status can create a gap in health care coverage for many.

The 2021 CHIS data indicated that a greater proportion of those who struggled to pay for housing reported not having a usual source of care when they were sick or needed health advice compared with their counterparts (23.1% vs. 13.4%). Similarly, a greater proportion of adults who reported having unstable housing reported that they did not have a usual source of care compared with adults who had stable housing (27.1% vs. 13.8%). While having insurance makes it easier to access care, these findings demonstrate that adults experiencing housing issues may face obstacles to obtaining care because they lack a reliable source of care.

Adults experiencing housing issues are less likely to ever seek preventive care. Findings from CHIS data also illustrated that California adults with unstable housing are less likely to seek preventive care. Among adults who had unstable housing, 1 in 2, or 685,000, reported having had a preventive visit in the past year, compared with about 6 in 10, or 17.2 million, who had stable housing. There was no significant difference in the proportions of adults who had struggled to pay for housing and those who had not struggled to pay for

housing in having had a preventive care visit in the past year (56.1% vs. 60.7%). However, adults who experienced housing issues were less likely to ever seek preventive care. A significantly greater proportion of adults who struggled to pay for housing reported never having a preventive visit compared with adults who did not have difficulty paying for housing (4.2% vs. 2.5%). Similarly, a significantly higher proportion of adults with unstable housing than with stable housing reported never having a preventive visit in the past year (6.7% vs. 2.5%). Avoidance of care among adults who experience housing issues is not only true with preventive care, but it has also been found among those seeking other types of medical care.

Adults experiencing housing issues are more likely to delay or forgo needed medical care.

The 2021 CHIS included two questions to determine whether respondents had delayed medical care that they felt they needed in the past year, and whether they eventually got the care they needed. In 2021, about 1 in 5, or 6.2 million, had delayed medical care they felt they needed in the past year. Among adults who had delayed care, 1 in 2 (3.32 million) did not get medical care altogether. Compared with adults who did not experience housing issues, those who struggled to pay for housing due to COVID-19 disproportionately delayed or did not get medical care in the past year. About 1 in 3 adults who struggled to pay for housing reported delaying needed medical care, compared with about 1 in 5 adults who did not struggle to pay for housing (33.6% vs. 19.5%). Among adults who had delayed

care, a statistically higher percentage of those who struggled to pay for housing reported not getting medical care in the past year compared with adults who did not struggle to pay for housing (60.5% vs. 52%). Likewise, a significantly higher percentage of adults who reported having unstable housing reported not getting care compared with adults with stable housing (34.3% vs. 23.5%).

IMPLICATIONS AND POLICY RECOMMENDATIONS

As California navigates the ongoing pandemic, issues of housing and health must be addressed concurrently. As this brief demonstrates, millions of Californians are struggling with housing affordability and stability as well as accessing health care. Addressing issues of housing must be approached with an equitable lens, as Californians from marginalized and underresourced communities disproportionately struggle with housing. Moreover, adults who struggled to afford housing or who had unstable housing during the pandemic disproportionately faced challenges with health care. Some relevant policies and interventions are as follows:

- **Health through housing.** The state is implementing new approaches to health care services and housing through Cal Advancing and Innovating Medi-Cal (Cal AIM). Whole Person Care consists of implementing new care models tied around social determinants of health, including

housing and the built environment.¹⁵ These approaches are targeted at preventing homelessness and providing health care. In a state where housing issues are of vital concern, addressing housing issues is an important component of public health research and interventions.

- **Strengthening renter eviction protections.** The federal Government Accountability Office (GAO) determined that Emergency Rental Assistance Payments effectively decreased evictions in disbursement areas.¹⁶ In 2022, COVID-19 and other emergency rental assistance payments in California launched at the height of the pandemic expired. However, certain California municipalities have extended eviction moratoria. For example, Los Angeles County recently extended its eviction moratorium, while the city of Los Angeles also passed new eviction protections.^{17,18} These are important steps for the county and city of Los Angeles, given that L.A. County residents disproportionately reported having struggled to pay for housing due to COVID-19 in 2021. Cities and counties across California should consider strengthening protections to keep residents housed and ultimately prevent homelessness or displacement.
- **Article 34 of the California Constitution under consideration.** In 2024, California voters will decide on Senate Constitutional Amendment 2, which is a measure that could repeal Article 34 of the California Constitution. Article 34 requires cities



to gain voter approval before building “low-rent” housing projects using public dollars. No other state constitution in the U.S. has a similar provision. The Los Angeles Times reported that Article 34 has historically acted as a barrier to public housing developments as well as to efforts to integrate areas in California.¹⁹ In recent years, cities have complied with this law by asking for voter approval for a set number of units rather than for each housing project. However, many cities are approaching their allotted limit.²⁰ The repeal of Article 34 could enable cities and other municipalities to provide more affordable housing units to their residents.

- **Funding affordable housing developments.** A recent report from the UCLA Lewis Center found that the city of Los Angeles has been unable to provide sufficient housing assistance and vouchers due to a limited supply of affordable housing developments.²¹ In November 2022, Los Angeles voters passed Measure ULA,

which was designed to create a new tax revenue source for affordable housing developments as well as for rental assistance and protections. Cities and other municipalities can also consider similar measures aimed at creating new tax revenue sources to fund affordable housing developments and increase the supply of units available for housing vouchers and rent-assisted housing.

Data Sources and Methods

The CHIS asked respondents, “Do you own or rent a home?” Response options included “own home,” “rent home,” and “have other arrangement.” This question did not have a write-in option.

In this brief, respondents who struggled to pay for housing are adults who responded to the CHIS COVID-19 module question, “Have you experienced any of the following because of the coronavirus or COVID-19 outbreak?” and selected the response option: “I’ve had financial difficulties with paying for rent or mortgage.” The housing stability measure

was constructed from a CHIS question that asked respondents, “How do you feel about your current housing situation?” Response options were “Very stable,” “Fairly stable,” “Somewhat stable,” “Fairly unstable,” and “Very unstable.” In this policy brief, respondents who selected the “Fairly unstable” and “Very unstable” responses were combined and treated as adults who reported having unstable housing.

UCLA CHPR cautions readers in interpreting statistically unstable estimates demarcated with an exclamation point (!) in certain exhibits in this brief. Analysis of the coefficient of variation (CV) determines the statistical stability of the data. The CV is the ratio of the standard deviation to the mean. A higher CV resulted in greater dispersion around the mean. Estimates that have a CV of 30% or higher are considered statistically unstable. Certain statistically unstable estimates are shown in this brief (e.g., in the racial or ethnic categories) to demonstrate disaggregation of data. When available, two or three years of CHIS data combined may produce statistically stable estimates.

The POVLL CHIS variable was used in this brief to indicate the total annual income of the household as a percentage of the federal poverty level (FPL). The 100%, 200%, and 300% cutoff values for each household were calculated during the administration of the survey by multiplying the 2020 Census Poverty Threshold “size of family unit” by “related children under 18 years” table amounts by 1, 2, or 3 (U.S. Census Bureau: Current Population Survey). For example, for a household of one

single person under age 65, the FPL used was \$13,465; for a four-person family unit with two related children under age 18, the FPL used was \$26,246.

The FAMT4 variable provides the family type of CHIS adult respondents: 43.9% of respondents were single with no children, 32.1% were married with no children, 17.1% were married with children, and 7% were single with children.

Additional information regarding the 2021 CHIS questionnaire and variable construction can be found at www.chis.ucla.edu under the Methodology and Questionnaire sections.

Author Information

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The California Health Interview Survey covers a wide array of health-related topics, including health insurance coverage, health status and behaviors, and access to health care. It is based on interviews conducted continuously throughout the year with respondents from more than 20,000 California households. CHIS interviews were offered in English, Spanish, Chinese (both Mandarin and Cantonese), Vietnamese, Korean, and Tagalog. CHIS is designed with complex survey methods requiring analysts to use complex survey weights in order to provide accurate variance estimates and statistical testing. CHIS is a collaboration of the UCLA Center for Health Policy Research, the California Department of Public Health, the California Department of Health Care Services, and the Public Health Institute. For funders and other information on CHIS, visit chis.ucla.edu.

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