

Just Cause Eviction

Rapid Health Impact Assessment



ACKNOWLEDGEMENTS

Student authors: Jennifer Hiser, Ellen Morris, Hannah Payne, Amy Plovnick, Ayesha Shahid

Research assistance: Melissa Chinchilla, Amy Plovnick, Alina Schnake-Mahl, City Life/Vida Urbana

Project supervision: Professor Mariana Arcaya

Funding and technical assistance: The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts.

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Housing Justice activists at the Renters Day of Action, Sep 22, 2016 (Howard Rotman)

EXECUTIVE SUMMARY

This Rapid Health Impact Assessment (RHIA) evaluates the Just Cause Eviction Ordinance, proposed in the City of Boston, for potential health impacts on Boston renters. The proposed ordinance, now titled the “Jim Brooks Stabilization Act of 2016,” would limit evictions by non-owner-occupant landlords to those with a “Just Cause,” which includes any violation of the lease terms. The ordinance is intended to reduce gentrification-related displacement in Boston by restricting the ability of corporate landlords to evict tenants for the purpose of renovating their properties to luxury standards and/or soliciting new tenants who will pay higher rents.

A baseline analysis of housing, socioeconomic, and health indicators in Boston finds substantial health inequities between low-and high-socioeconomic groups. The populations most vulnerable to “no-cause” evictions in Boston struggle with disadvantages on several fronts, from educational attainment and income levels to physical and mental health challenges. Neighborhoods with large percentages of low-income and minority residents tend to have high percentages of renters, more renters who spend a significant proportion of their income on rent, and more eviction cases in Housing Court, compared to other Boston neighborhoods. Continued pressure on the rental market will likely exacerbate the inequities between rich and poor and inflict greater hardship on the most vulnerable residents in the city.

Based on a literature review and input from stakeholders, this RHIA assesses the impact of the Just Cause Eviction Ordinance on factors that affect health, including stress and environmental exposures, and health conditions, including depression and substance use disorder. The primary stakeholder giving input was City Life/Vida Urbana (CLVU), a community organization that works to help people in the Boston area remain in their homes and, an organizational member of the Right to Remain coalition.* The RHIA focuses on health effects for Boston renters, stemming from two predicted consequences of the ordinance: reduced *incidence of eviction* and reduced *anticipation of eviction*. Within the category of incidence of eviction, we evaluate the health effects associated with processes resulting from an eviction: residential mobility, moving to poor quality housing, material hardship, homelessness, and loss of place attachment and social capital. In terms of anticipation of

*The Right to Remain Coalition is anchored by Right to the City Boston in partnership with Boston Tenant Coalition. Other organizational members are: Action for Boston Community Development, Action for Regional Equity, Allston Brighton CDC, Alternatives for Community and Environment, Asian American Resource Workshop, Asian Community Development Corp, Black Economic Justice Institute, Boston Jobs Coalition, Boston Workers Alliance, Brazilian Worker Center, Castle Square Tenants Organization, Chelsea Collaborative, Chinese Progressive Association, Chinatown Resident Association, City Life, Codman Square NDC, Community Labor United, Dominican Development Center, Dorchester Bay EDC, Dorchester People for Peace, Dudley Street Neighborhood Initiative, Egleston Sq. Youth Group, Fair Housing Center of Greater Boston, Fairmount Indigo Line CDC Collaborative, Fenway Community Development Corp., Greater Boston Labor Council, Greater Bowdoin/Geneva Neighborhood Association, Greater Four Corners Action, Homes for Families, Immigrant Worker Center Collaborative, JP Neighborhood Council, JP Neighborhood Development Corp, Jamaica Plain Progressives, Jobs with Justice, Mass AFL-CIO, Mass Alliance of HUD Tenants, MA CDC, Mass Vote, Matahari, Mattapan United, Neighbors United for a Better East Boston, New England United for Justice, Progressive Communicators Network, Progressive Mass, 1199SEIU United Healthcare Workers East, SEIU 32BJ (District 615), Union of Minority Neighborhoods.

eviction, we examine effects on stress.

The assessment finds that the ordinance may prevent eviction for a small number of people, but the health benefits for these people may be substantial. In contrast, the number of people who may experience reduced anticipation of eviction as a result of the ordinance is much larger – potentially the entire population of Boston renters, or over 400,000 people. However, there are likely more limited health benefits from reduced anticipation of eviction than reduced incidence of eviction, and stem mainly from decreased stress.

Based on these findings, the RHIA offers recommendations to limit negative health effects associated with eviction and ensure that the Just Cause Eviction Ordinance is implemented in a way that improves the health of Boston renters. If the Boston City Council adopts the Just Cause Eviction Ordinance and investigates and implements additional policies to reduce the overall incidence of eviction in Boston, it will likely improve renters' health. The Boston Office of Housing Stability should provide tenants with information about community health services, share eviction data and collaborate with the Boston Public Health Commission. Right to Remain campaign member organizations, such as City Life/Vida Urbana, can use this RHIA as a way to continue conversation about the Just Cause Eviction Ordinance and other policies that would protect Boston residents from eviction. The Right to Remain organizations could also maximize the health benefits for the communities they work with by offering counseling services and partnerships with community health organizations.



Boston citizens both for and against the just-cause eviction law gathered to testify inside City Hall in March 2016 (Sam Amore, Spare Change News)

INTRODUCTION

Health Impact Assessments (HIA) assess how a change in a program, policy, or project may influence health. HIAs use a set of methods, tools, and procedures to systematically determine the intended – and unintended – health consequences for populations affected by the proposed change.² Successful HIAs can influence decision-making, build capacity among diverse stakeholders, and expand public policy debates to include health topics.

Rapid Health Impact Assessments (RHIA) can achieve many of the same goals as HIA, on an expedited timeline. RHIA are usually shorter in length and less resource-intensive, but still deliver impactful research on the connections between a proposed project, policy, or program and potential health outcomes.

ABOUT THIS RHIA

This RHIA was conducted by a team of city planning graduate students at MIT's Department of Urban Studies & Planning from February to May 2016. It assesses the Just Cause Eviction Ordinance, proposed in the city of Boston, for potential health impacts on Boston renters.

By reviewing existing literature on the connections between health, eviction, housing, and neighborhoods and documenting the pathways between the proposed policy and potential health outcomes, this RHIA seeks to bring a health lens to the policy discussion around the Just Cause Eviction Ordinance and other policies to increase protections for vulnerable tenants and homeowners.

In this RHIA, we find that the Just Cause Eviction Ordinance is likely to improve the health of Boston renters by:

1. Reducing the incidence of eviction by making no-fault evictions illegal
2. Reducing the anticipation of eviction

Below, we offer an overview of the Just Cause Eviction Ordinance as drafted in March 2016. We follow with a discussion of our research methods before introducing a baseline description of the population that will benefit most from the proposed ordinance. The assessment section details the many ways in which the ordinance will directly and indirectly impact the health of the affected population. We conclude with recommendations for stakeholders, a proposed method for the monitoring and evaluation of the effect of this RHIA on the ordinance and health, and a discussion of the study's limitations.

² (SOPHIA: Society of Practitioners of Health Impact Assessment, 2016)

OVERVIEW OF THE ORDINANCE

The proposed Just Cause Eviction Ordinance is intended to reduce gentrification-related displacement in Boston by restricting the ability of corporate landlords to evict tenants for the purpose of renovating their properties to luxury standards and/or soliciting new tenants who will pay higher rents. Similar ordinances have been implemented in several major cities, including San Francisco, Seattle, Chicago, New York City, and the states of New Hampshire and New Jersey. Most cities with Just Cause Eviction Ordinances pair the policy with rent control or rent stabilization policies to create a comprehensive means of preventing displacement among vulnerable renters, though some cities, such as San Diego, have implemented the ordinance as a standalone measure. Rent stabilization existed in several urban municipalities in Massachusetts, including Boston, for two decades prior to the passage of a 1994 statewide ballot measure that struck down the policy by forcing cities to obtain state authorization for any local rent control law. As a result, the City of Boston does not currently have the power to couple rent stabilization provisions with the Just Cause Eviction Ordinance.

The HIA was written between February and March of 2016, during which time the Just Cause Ordinance was being debated by the Boston City Council. The ordinance went through several iterations, but the HIA considers impacts of the March 2016 version, detailed below. See Appendix A for a table, provided by City Life Vida Urbana and The Greater Boston Legal Service, describing the three types of eviction procedures and projected impacts of the Just Cause Ordinance on these procedures.

As of March 2016, the proposed Just Cause Eviction Ordinance would implement the following:

- Subsection 6A of the ordinance would require a “just cause” for evicting tenants and former homeowners living in their homes after foreclosure. A “just cause” includes any violation of the lease terms, including non-payment of rent, committing a nuisance or damage to the property, refusing landlord access to the property for the purpose of making repairs, using the unit for illegal purposes, or failing to move after lease termination.
- Subsection 6(A)8 would offer one exception: a landlord may recover possession of a rental unit for their own use or for use by their spouse or family.
- Subsection 6B would require landlords to notify the City of Boston’s Office of Housing Stability (OHS) within two days of issuing any Notice to Quit, lease non-renewal letter, or notice of fixed term lease expiration, whereupon appropriate referrals can be made.
- Section 6B requires the City of Boston to keep a record of all notices, which the ordinance requires be tracked for a minimum of five years.



Lisa Owens testifies before the Boston City Council in March 2016 about the Just Cause Eviction proposal (Evan Lips, New Boston Post)

- Many parties are exempt from the ordinance, including owner-occupants who own six or fewer units in the state of Massachusetts and reside in one of those units, and landlords who already have Just Cause Eviction rules in place (such as public and HUD-subsidized housing).

METHODS

SCREENING AND SCOPING

We began our Rapid Health Impact Assessment with screening and scoping. A key assumption behind this RHIA is that health does not exist in a vacuum but is a result of socioeconomic, psychological, physical, and environmental conditions. A comprehensive RHIA must consider all of these factors to reasonably assess the health impacts of a policy or program.

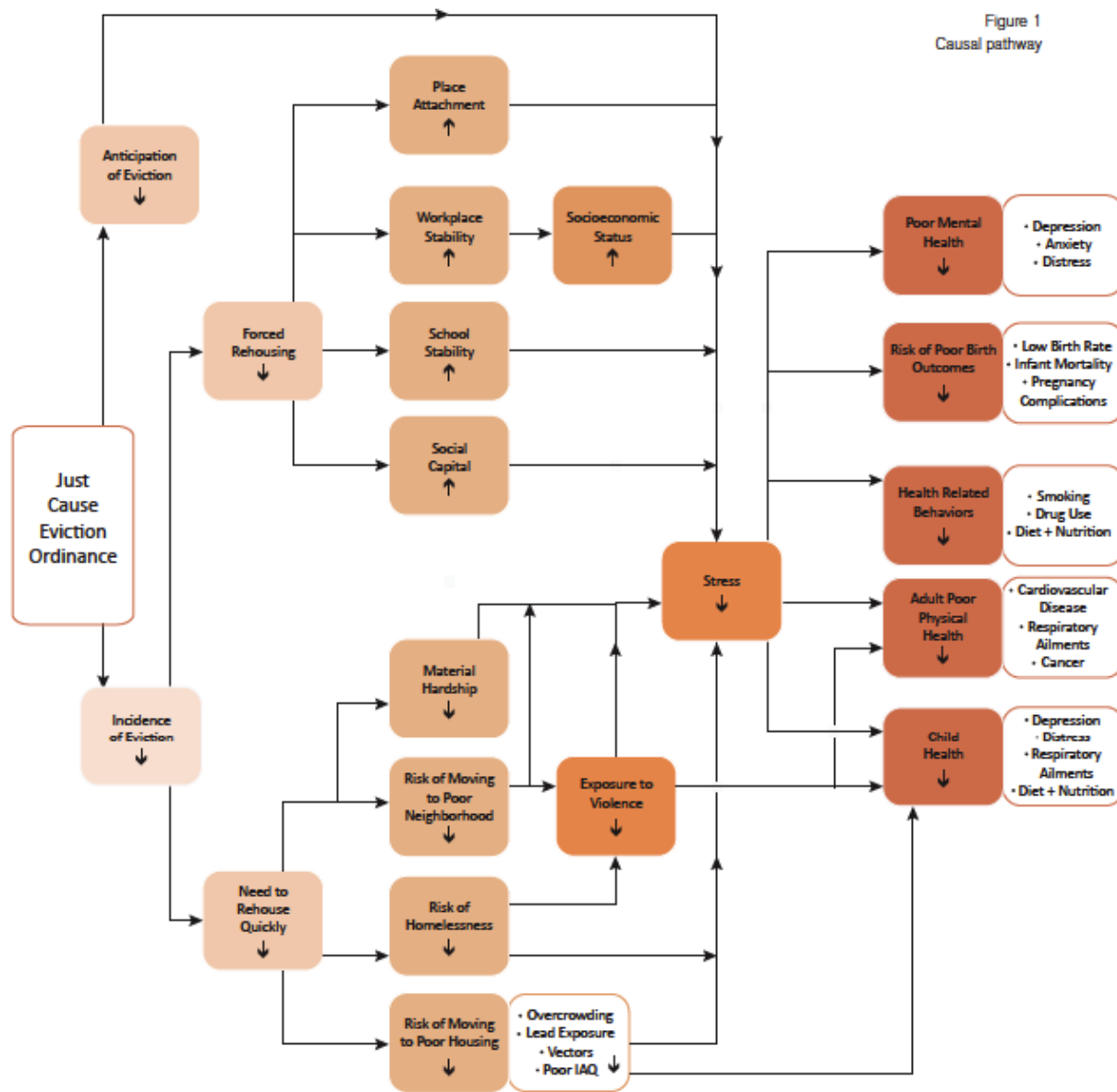
The screening step of an HIA determines whether the HIA has the potential to add value to a decision-making process. At this step, we evaluated whether the Just Cause Eviction Ordinance would have a substantial impact on health, as well as whether this RHIA has the potential to provide new information to decision-makers, stakeholders and the general public. Based on an initial literature review, we determined that the proposed Just Cause Eviction Ordinance is likely to directly and indirectly affect health. In addition, we spoke with staff and members of City Life/Vida Urbana (CLVU), a grassroots community organization that works to help people in the Boston area remain in their homes. CLVU is an organizational member of the Right to Remain Boston Coalition, a coalition of organizations and groups advocating for the Just Cause Eviction Ordinance. Staff members told us that the potential health impacts of the proposed ordinance had not yet been explored, and that this information might be able to inform their efforts to understand impacts of the bill.

In the scoping stage of an HIA, we choose the range of issues covered in the HIA, including the population of interest and the health outcomes evaluated. For this RHIA, we chose to focus on renters in Boston, the group that will be most directly impacted by the Just Cause Eviction Ordinance. Although the ordinance requires a just cause for evicting both renters and former homeowners living in their homes after foreclosure, we did not evaluate the health impacts of the ordinance on the subset of tenants who are former homeowners residing in the property after the bank took it back at foreclosure, because there was less information available about how the law would affect this group; the large majority of what has been written about the ordinance, and similar just cause eviction laws in other cities, focuses on renters. In addition, because we chose to focus our limited time and resources on the most vulnerable populations, we did not evaluate the health impacts of the ordinance on other groups that may be affected, such as landlords or people seeking housing in Boston.

After narrowing our scope to focus on Boston renters, we drafted a pathway diagram, based on an initial literature review, of the various ways in which the ordinance could impact this group's health, outlining the possible causal pathways from the ordinance to various health outcomes. We identified the proximal factors of 'incidence of eviction' and 'anticipation of eviction' and

intermediate impacts of those factors to show the different pathways that influence health. In order to help predict the likely consequences on health, we also included arrows to show the likely directionality of change (increase or decrease). See Figure 1 for a diagram of all the causal pathways we considered during our scoping phase.

To select impacts of eviction assessed in this RHIA, we solicited feedback from City Life/Vida Urbana members on the initial pathway diagram and conducted a thorough literature review. We chose to focus on the impacts of eviction that were most relevant to stakeholders and that have the greatest health effects, both in terms of the size of the effect and the strength of the literature supporting it. Based on these criteria, of the many causal pathways shown in the diagram, we chose to focus on only some intermediate impacts of eviction that affect health, specifically residential mobility, moving to poor quality housing, material hardship, homelessness, and place attachment and social capital.



BASELINE

Before determining how the Just Cause Eviction Ordinance might impact health, we identified the current, or baseline, state of health of Boston’s renter population. Since the ordinance is intended to apply only to the City of Boston, we chose the jurisdictional boundaries of the City of Boston as our geographic scope and selected the renter population within Boston as the target population. Using data from the American Community Survey, American Housing Survey, the Behavioral Risk Factor Surveillance System, Boston Public Health Commission, and Massachusetts Housing Court, we assembled a list of relevant health and social indicators to establish the population’s baseline profile. Because we do not know the specific demographics of those that will likely be directly affected by this ordinance, we decided to identify socioeconomic indicators with existing disparities, such as educational attainment, employment status, and income, that put people at higher risk for negative health impacts. By describing the current socioeconomic status of the

renter population, we can help identify health disparities within a vulnerable population and between the entire renter population and other segments of Boston residents. Finally, we mapped a sample of the relevant health determinants by census tract so we could spatially identify which Boston neighborhoods are most at risk for both evictions and poor health outcomes.

ASSESSMENT

To assess the impact of the ordinance on the health of Boston renters, we focused on the health effects stemming from two consequences of the ordinance: reduced incidence of eviction, and reduced anticipation of eviction. Within the category of incidence of eviction, we focused on several potential outcomes post-eviction: residential mobility, moving to poor quality housing, material hardship, homelessness, and loss of place attachment and social capital. For each outcome, we reviewed the academic literature about:

1. The relationship between evictions and the outcome (e.g., are evictions correlated with residential mobility?), and
2. The relationship between the outcome and health (e.g., is residential mobility correlated with poor health outcomes?)

We supplemented this research with stakeholder input and qualitative data received at a City Life/Vida Urbana meeting in March 2016 and from the Boston Displacement Mapping Project website (<http://www.bostondisplacement.org/>). When possible, we applied the assessment findings specifically to Boston by using the information from the baseline to describe what neighborhoods or populations would be most affected by the various outcomes of eviction and its associated health impacts.

FINDINGS: Baseline

BASELINE

We conducted a baseline assessment of the current socioeconomic and health status of the target population—all renter households in Boston—to assess the ordinance’s potential impact. This baseline section analyzes key data on the socioeconomic status of Boston’s rental population as well as the current health profile of Boston residents. We analyzed these indicators at the citywide as well as the neighborhood level (and census tract level, where relevant) to identify neighborhoods that have large numbers of residents at risk of both eviction and health problems.

BOSTON’S RENTER POPULATION

Boston has a diverse housing market with rapid turnover. Growing demand to live near the core of the city has pushed housing and rental prices up in the last decade. This has disproportionately burdened lower and middle class residents in and around Boston, for whom affordable housing in the city has become increasingly unavailable.

Renters dominate Boston’s housing market. In a city of approximately 650,000 people, over 400,000 (over 60%) are renters. Of these renters, nearly 207,000, or 49% are rent burdened, meaning that they pay more than 30% of their income on rent. Furthermore, nearly a quarter of Boston’s rental population—100,000 people—are severely rent burdened, which means that more than 50% of their total household income is spent on rent alone (see Figure 2).³

Low-income households face a particular challenge in finding housing they can afford. According to a 2014 City of Boston report, 28,400 low-income households in Boston are burdened by their housing costs, with 23,800 paying more than 50 percent of their income on rent. Income growth has not kept pace with the cost of housing in Boston, and therefore there are very few market-based housing options that low-income residents can afford. For example, the city found that for households with incomes of \$50,000, only nine percent of available rental housing listings would cost them less than 35% of income; for households earning \$25,000 annually, less than 1% of housing met that affordability threshold.⁴

This affordable housing shortage will only continue to worsen in the future. The city projects that by 2030, there will be 9,750 additional low-income non-elderly households living in Boston and a projected need of approximately 38,200 affordable housing units.⁵

³ (United States Census Bureau, 2014)

⁴ (City of Boston, 2014)

⁵ (City of Boston, 2014)

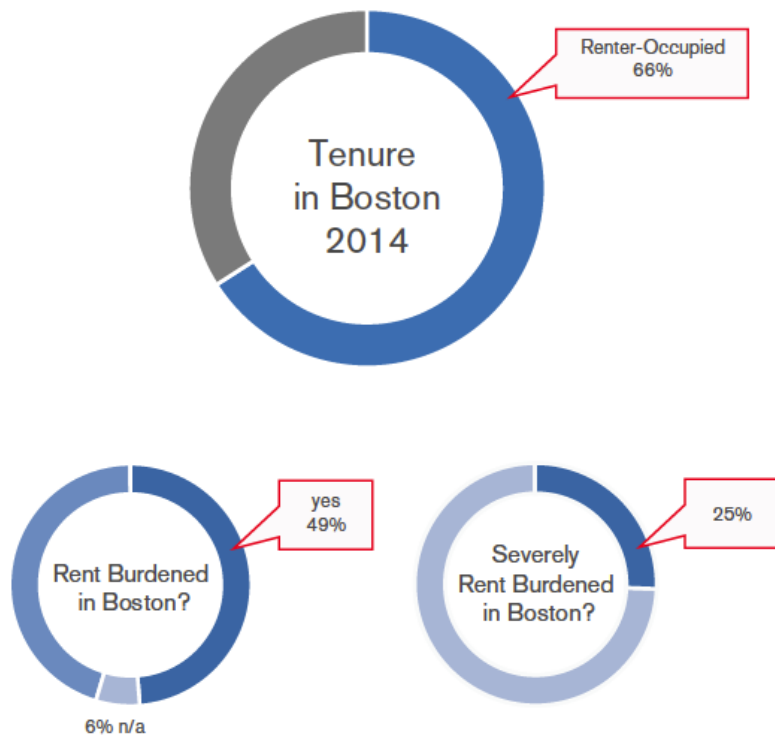


Figure 2
Rates of tenure, rent burden, and severe rent burden in Boston (US Census, 2014)

Boston’s rental housing market also shows substantial variation in rent costs based on when a family moved into a rental unit (see Figure 3). The data show that rents in Boston were steadily increasing in the two decades prior to 1990, declined during the 1990’s, and have rapidly increased since 2000. Residents who have remained in a unit for longer have lower current rents. For example, for a household that moved into a unit before the year 2000, the median rental price is now around \$900. However, for a family that moved into a unit after 2010, the median price in the rental market is approximately 80% higher, at around \$1,600.⁶

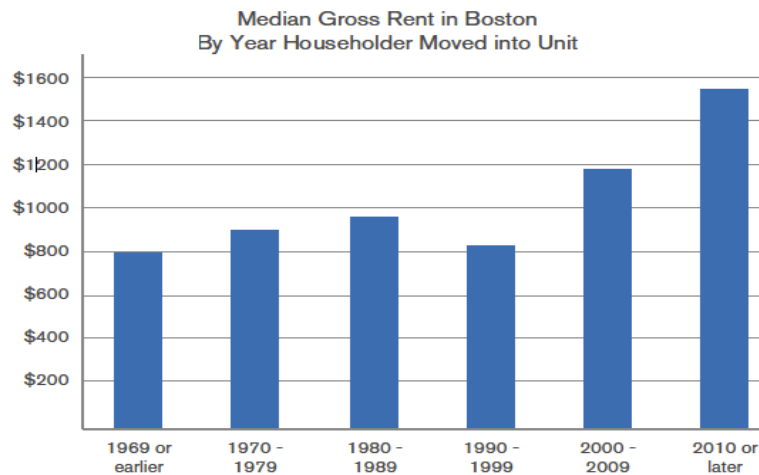


Figure 3
Median gross rent by year householder moved into unit (US Census, 2014)

⁶ (United States Census Bureau, 2014)

EVICIONS IN BOSTON

Every year, a large number of rental households receive notice that their landlord wishes to terminate their tenancy, known as a “Notice to Quit.” According to the American Housing Survey, which is conducted by the U.S. Census Bureau every two years, 6,900 Boston households were threatened with a Notice to Quit in 2013.⁷ Of households threatened, many of these cases are filed in housing court to obtain authorization to evict; in Boston over the last eight years, the number of cases filed in Massachusetts Housing Court increased 17% from approximately 4,600 cases in 2006 to approximately 5,400 in 2014 (see Figure 4).⁸ However, not all of these cases result in eviction. According to data from Project Hope, roughly 41% of the cases brought to the Housing Court between 2006 and 2011 resulted in evictions.⁹

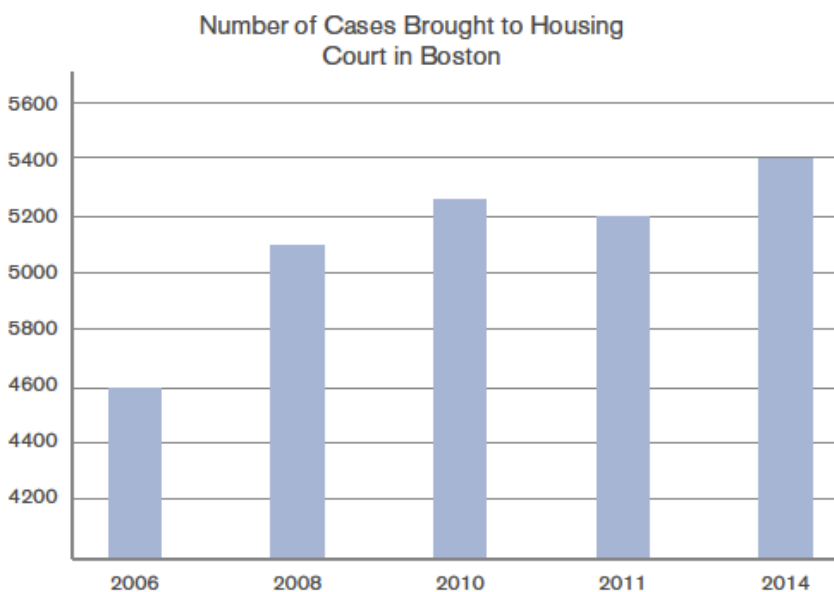


Figure 4
Number of cases brought to housing court in Boston from 2006 - 2014 (Mass Court System, 2013)

The rising number of evictions in the recent rental market boom¹⁰ is troublesome. Rapid turnover disrupts the stability of neighborhoods and the ability of people to maintain social ties. This is especially significant in Boston among minority groups who report having substantial social capital through ties to their community and neighborhood (see Figure 5). Compared to the citywide average, more black, elderly, and poor residents consider their neighborhoods to be “close-knit,” a proxy measure of social cohesion. Minority groups in Boston also tend to have more organizational involvement in religious organizations. However, there is low participation of all groups in

⁷ (Department of Housing and Urban Development, 2013)

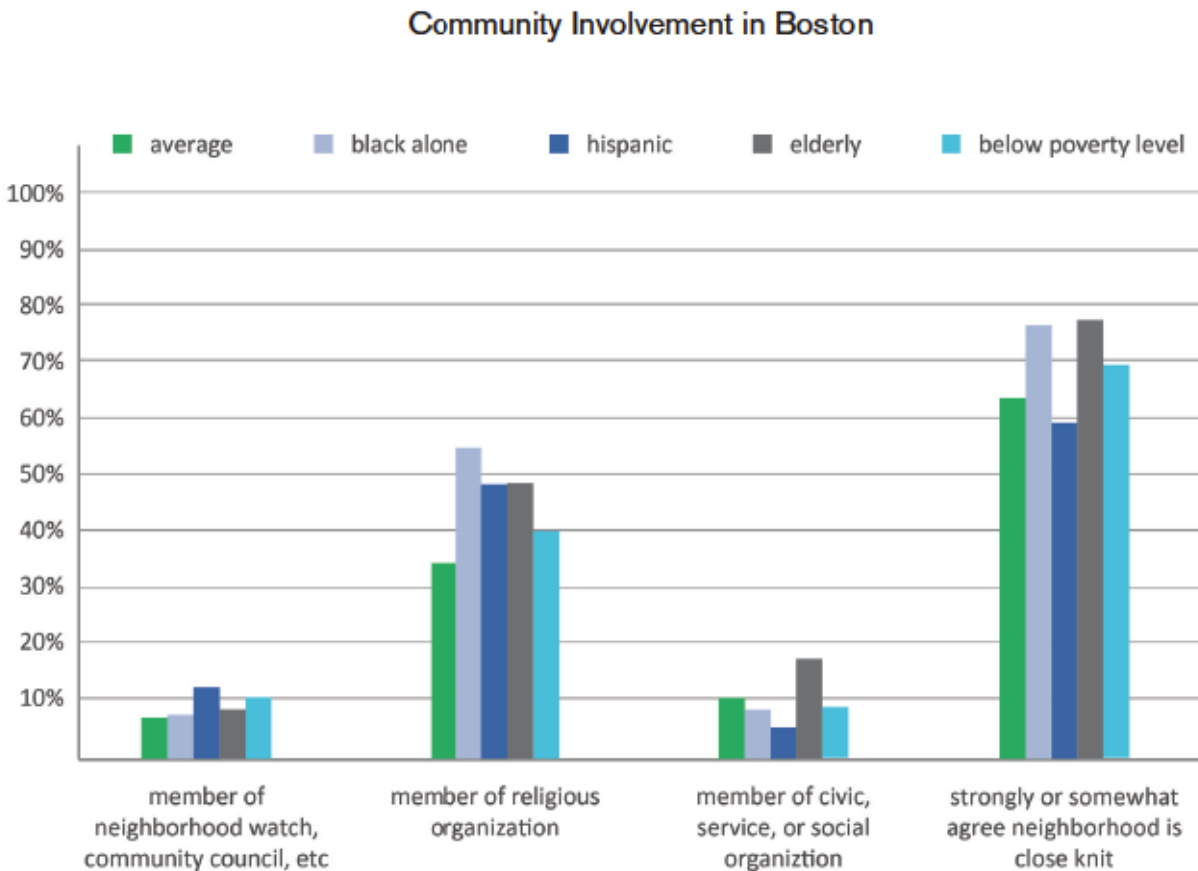
⁸ (Massachusetts Court System, 2014)

⁹ (Project HOPE, 2012)

¹⁰ (WBUR, 2015; Boston Globe, 2016)

neighborhood and civic organizations.¹¹

Figure 5



The maps in Figure 6 show that the highest number of Housing Court cases in Boston are concentrated in neighborhoods with disproportionate numbers of people of color (African Americans, Hispanics, Asian Americans and others), have the highest percentages of renter occupied units, and on average are more severely rent burdened.¹²

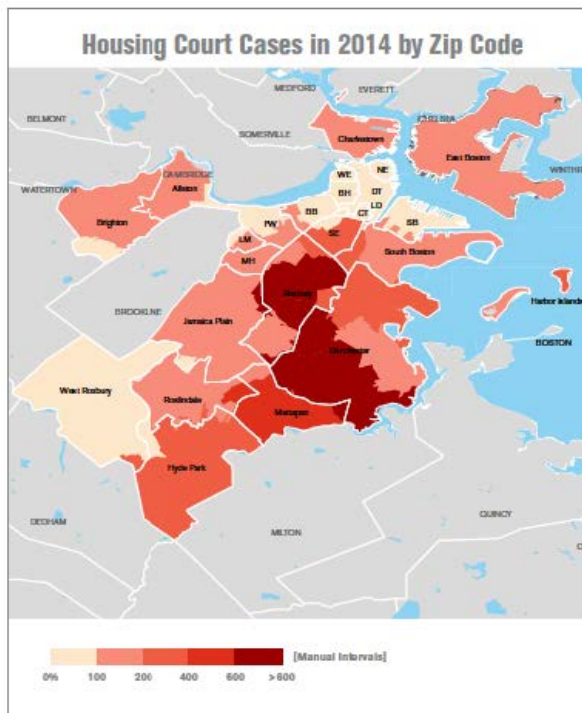
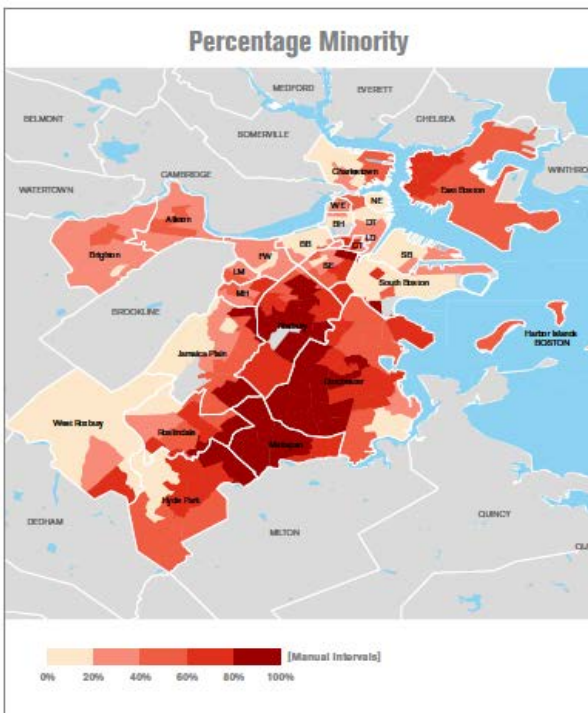
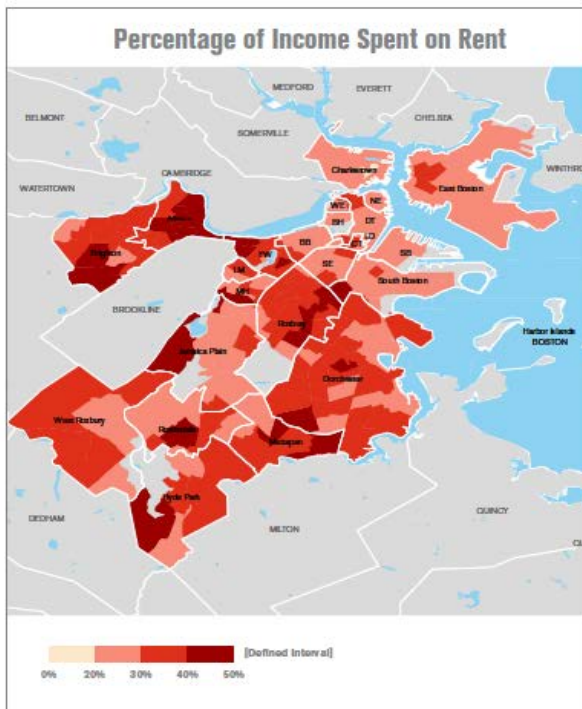
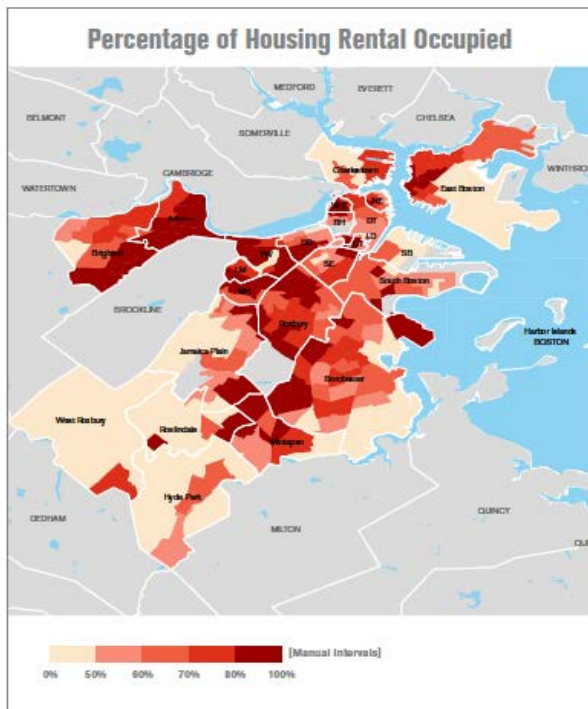
Further analysis shows that neighborhoods with high proportions of rent burdened residents and people of color have worse socioeconomic indicators. On average, these neighborhoods have a higher percentage of residents without high school diplomas, higher unemployment rates, and a greater number of children living in poverty.¹³ Figure 6 shows that there is a confluence of all these indicators in the neighborhoods of Roxbury, Dorchester, Mattapan, and parts of Jamaica Plain, Roslindale, and East Boston.

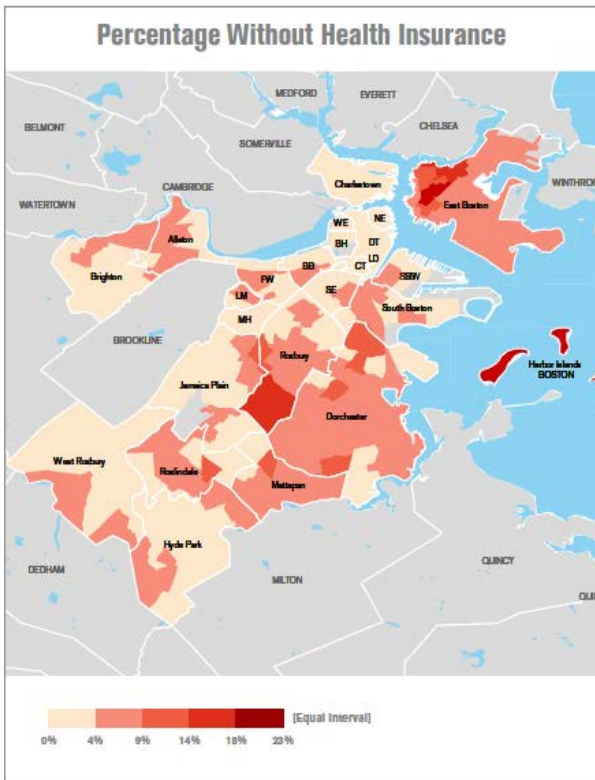
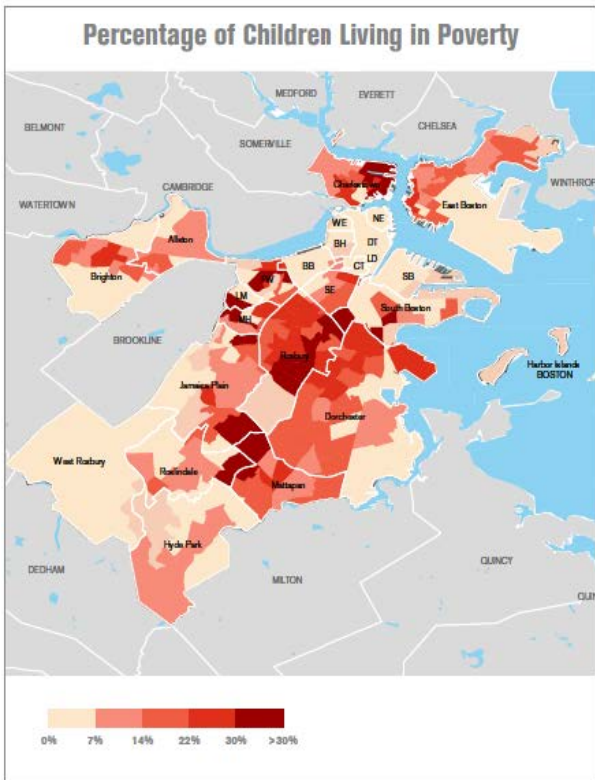
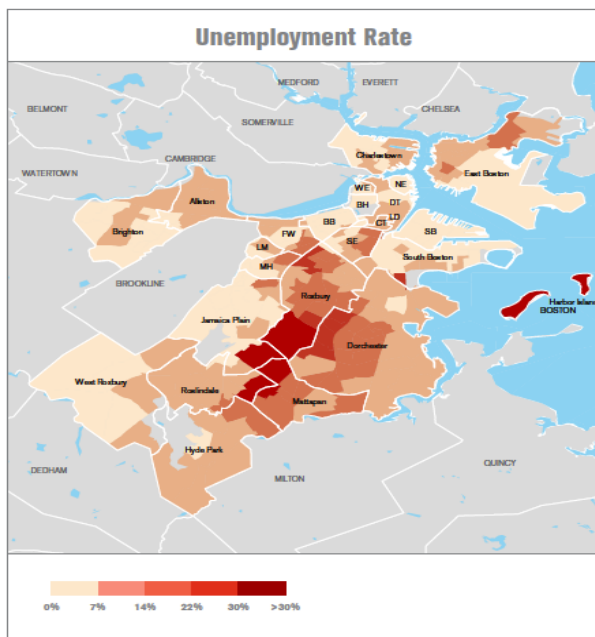
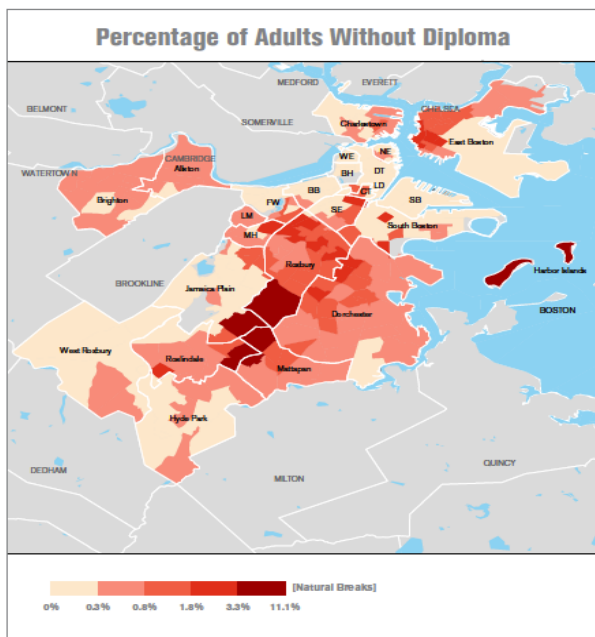
¹¹ (Department of Housing and Urban Development, 2013)

¹² (Massachusetts Court System, 2014; United States Census Bureau, 2014)

¹³ (United States Census Bureau, 2014)

Figure 6
 Social determinants of health
 in Boston by census tract
 (US Census, 2014)





- BB Back Bay
- BH Beacon Hill
- CT Chinatown
- DT Downtown
- FW Fenway
- LD Leather District
- LM Longwood Medical
- MH Mission Hill
- NE North End
- SB South Boston Waterfront
- SE South End
- WE West End

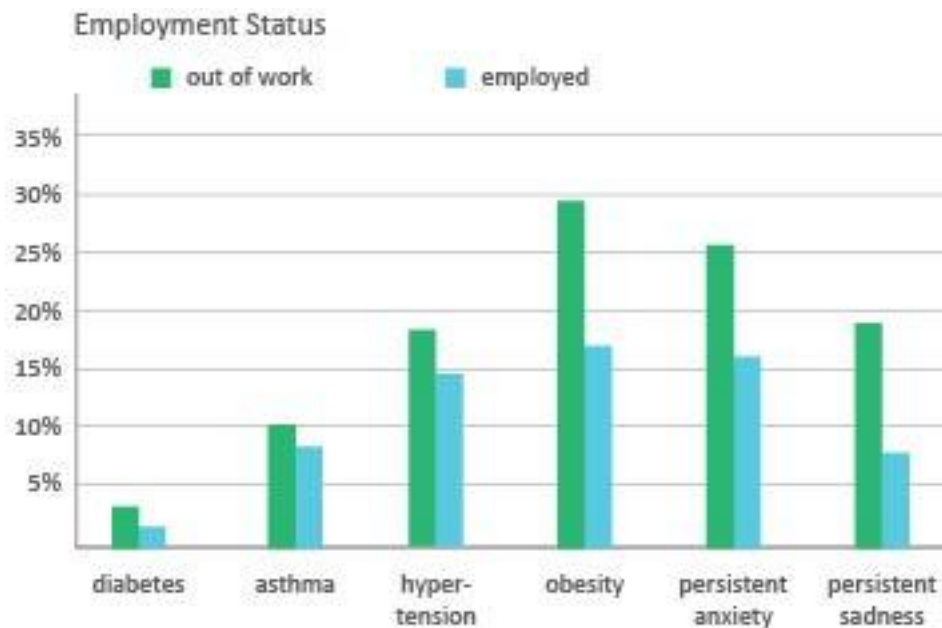
Rapid Health Impact Assessment on Just Cause for Eviction Ordinance
 Maps Created by: Jennifer Huser, Ellen Morris, Hannah Payne, Amy Pionnick + Ayesha Shahid
 Source: American Community Housing Survey (2014 Five Year Estimates)

HEALTH IN BOSTON

Baseline analysis of health indicators for Boston residents shows certain socioeconomic characteristics are correlated with poor health. For example, higher income households tend to have lower rates of diabetes, asthma, hypertension, obesity, and persistent anxiety and sadness than lower income households. Similar patterns of lower rates of health problems exist for those with higher levels of education and for those that are employed, compared with those with less education or who are unemployed, respectively (See Figure 7).¹⁴

Maternal and child health outcomes are also correlated with social and socioeconomic indicators. Low birth weights were highest for African American and Latino residents as well as for mothers with lower levels of education (data was not available on the income level of mothers with low birth weight babies).¹⁵

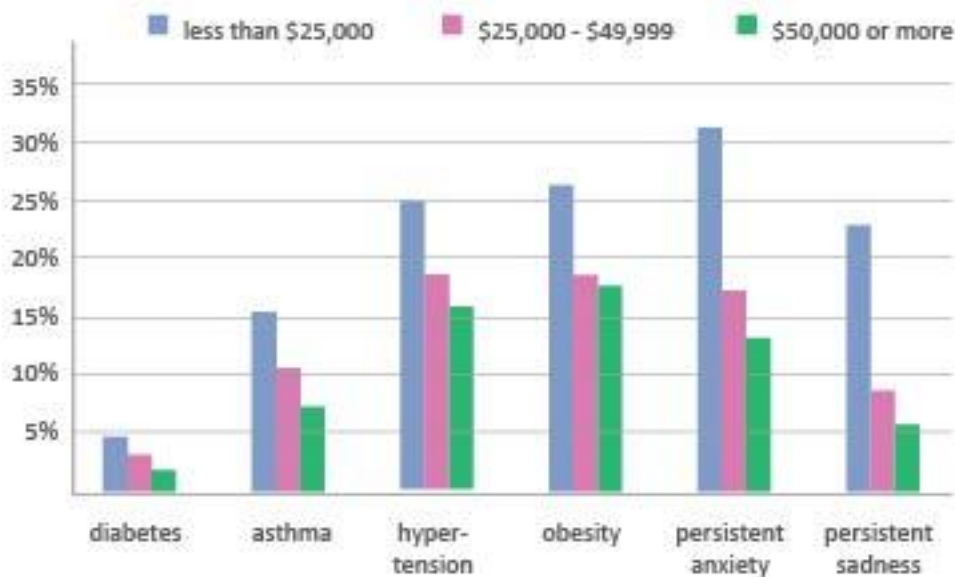
Figure 7
Health Indicators in Boston
by socioeconomic status
(BPHC, 2015)



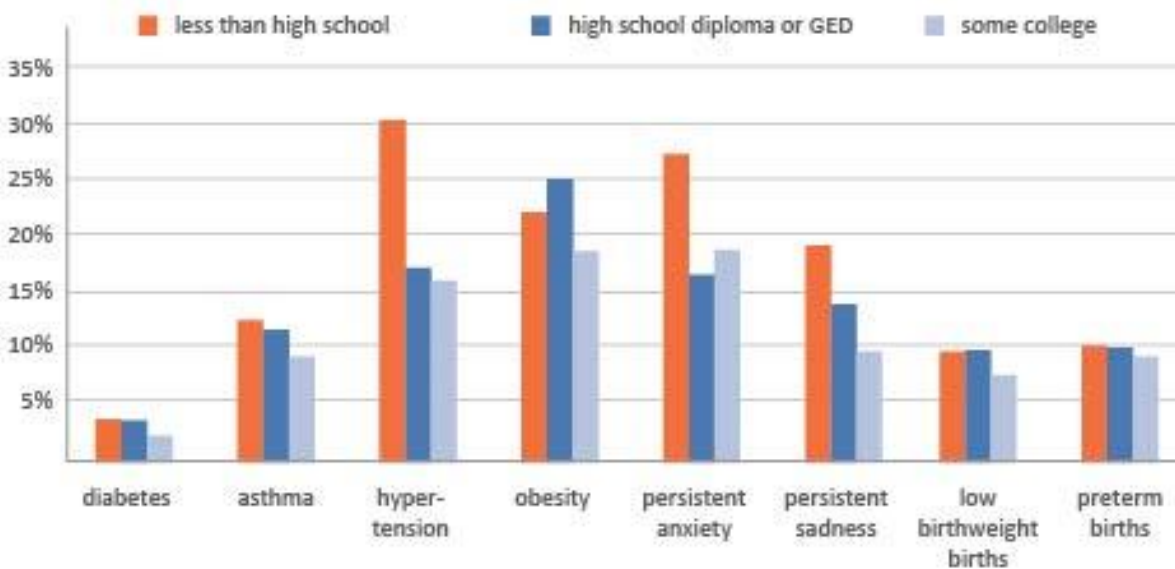
¹⁴ (Boston Public Health Commission, 2015)

¹⁵ (Boston Public Health Commission, 2015)

Household Income



Educational Attainment



The social determinants of health manifest in both physical and psychological health challenges. In Boston, persistent sadness- being sad blue or depressed more than 15 days in a month- was experienced more intensely by adults belonging to lower income groups, Blacks, and Latinos, and those who are receiving housing assistance in the form of public housing or rental assistance, as per 2013 data (See Figure 8).¹⁶ Low-income residents and those receiving housing assistance also had higher levels of persistent anxiety.

This data suggests that socioeconomic factors are important determinants of health. Given the disproportionate impact of rising rents on already vulnerable households, these health inequities are expected to widen.

Figure 8. Persistent Sadness Among Adults by Selected Indicators

Boston	12.2% (10.7-13.7)		
<i>Gender</i>		<i>Income</i>	
Female	14.0% (11.9-16.0)	<\$25,000	22.2% (18.6-25.8)
Male	10.3% (8.0-12.5)	\$25,000-\$499,999	8.7% (5.9-11.6)
<i>Race/Ethnicity</i>		\$50,000+	6.1% (4.4-7.8)
White	10.8% (8.5-13.0)	<i>Housing Assistance</i>	
Black	13.1% (10.3-16.0)	Public Housing	20.4% (14.4-26.3)
Latino	16.7% (12.8-20.6)	Rental Assistance	21.8% (15.8-27.8)
Asian	9.1% (4.6-13.7)	Neither	10.2% (8.6-11.8)

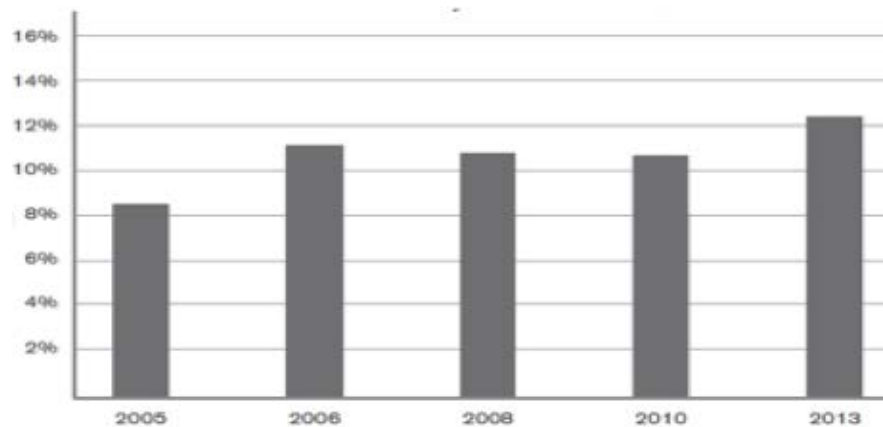


Figure 9
Persistent sadness among adults by year (BPHC, 2015)

¹⁶ (Boston Public Health Commission, 2015)

The municipal public health commission's Health of Boston report also found that the rates of health problems tend to be higher in neighborhoods that also have high rates of unemployment, child poverty and renter-occupied units, and in neighborhoods with high percentages of minority residents. For example, rates of mental health hospitalization were higher in the neighborhoods of Roxbury, parts of Dorchester and Allston/Brighton, among others. Chronic disease hospitalizations were highest in Dorchester, Roxbury, Mattapan, Hyde Park and the South End. The poor birth outcomes index, which measures infant deaths, preterm births and low birth weight births, was highest (greatest number of adverse birth outcomes) in Dorchester, Fenway/Kenmore, Mattapan, Hyde Park, Roxbury and the South End.¹⁷ In addition, although the citywide rate of dangerous blood lead levels in children was 2.8 percent, certain low-income and minority neighborhoods exhibited much higher rates; one study found that parts of Dorchester had a 6 percent rate of elevated childhood blood lead levels.¹⁸

STATE OF HEALTH IN BOSTON

From the baseline analysis, a picture emerges of substantial health disparities between low- and high- socioeconomic groups and neighborhoods in Boston. The most vulnerable populations in Boston struggle with disadvantages on several fronts, from limited educational attainment and low income levels to high rates of physical and mental health challenges. Moreover, low income residents are the most housing-insecure in terms of cost burden and threat of eviction and displacement. Given existing disparities between Boston residents, it is expected that continued pressure on the rental market will exacerbate the disparities between rich and poor and inflict greater hardship on Boston's most vulnerable residents. The assessment section will explore how the Just Cause Eviction Ordinance might impact the health of Boston's renters.

¹⁷ (Boston Public Health Commission, 2015)

¹⁸ (Knorr, N.D.); (Rochelau, 2016)

FINDINGS: Assessment

INCIDENCE OF EVICTION

The proposed Just Cause Eviction Ordinance is intended to reduce gentrification-related displacement in Boston through direct and indirect means. Directly, it would reduce the number of evictions in the city by limiting evictions brought by non-owner-occupant landlords to those cases citing a “Just Cause” - primarily over violations of lease terms. Corporate landlords would be restricted from evicting tenants no-fault in order to renovate their properties to luxury standards and/or attract new tenants who will pay higher rents. Although it is unclear how widespread this practice is, anecdotal evidence shows that this is happening in many Boston neighborhoods, including East Boston, Chinatown, and Roxbury.¹⁹

Estimating how many evictions the ordinance will prevent is difficult. In addition to the lack of data on no-fault evictions designed to clear out buildings in pursuit of higher rental income streams or sales prices, to our knowledge there have not been systematic studies evaluating the effect of just-cause eviction laws in other cities. We can, however, estimate the total number of evictions in Boston. As described in the baseline, in 2014, the most recent year with data available, there were 5,400 eviction cases brought before the Boston Housing Court, and approximately 2,200 of these resulted in eviction judgments.

However, the actual number of people who undergo forced displacement in Boston is probably larger because many tenants move out during the notice period preliminary to a formal eviction proceeding, even though this may mean accepting adverse consequences. Although in Massachusetts, a tenant is only legally required to leave or face forcible eviction by the landlord after both sides have had the opportunity to present their arguments in court and a judge has ruled on the case. Many tenants do not avail themselves of these rights because they are unaware of them, unable to afford legal representation, lack time or transportation to access the court process, and have fears about employment, housing, and credit discrimination arising from eviction court records. A survey of Milwaukee renters found that of all involuntarily displacements – moving due to eviction, landlord foreclosure, or building condemnation – only 24% were formal evictions that went through Housing Court.²⁰ In Boston, 6,900 households were threatened with a Notice to Quit in 2013,²¹ higher than the number of cases brought to Housing Court in any recent year with data available. The Just Cause Eviction Ordinance would also reduce this type of displacement, which is not directly the result of eviction but rather the consequence of threatened eviction proceedings, because Notices to Quit could only be issued where there is a “Just Cause” to evict.

Evictions are not distributed evenly throughout the population of renters. The same study of Milwaukee renters found that while 9% of white renters experienced a forced move in the past two years, this was true for 12% of black renters and 23% of Hispanic renters.²² The data also showed

¹⁹ (Boston Displacement Mapping Project)

²⁰ (Desmond, 2015)

²¹ (Department of Housing and Urban Development, 2013)

²² (Desmond & Shollenberger, 2015)

that women were more than twice as likely to be evicted as men²³ and that women with children have the highest likelihood of receiving an eviction judgment.²⁴

In Boston, residents of some neighborhoods are more at risk for evictions than others. The neighborhoods with the highest number of Housing Court cases in 2014 were Roxbury, Dorchester and Mattapan. As described in the baseline section, these neighborhoods have high percentages of minority residents, high percentages of households that are rent burdened, high unemployment, low rates of educational attainment, and high rates of poor mental and physical health, compared to other Boston neighborhoods.

Although we have estimates of the number of evictions in Boston, data is not available to make an accurate determination of how many of these evictions occurred without a Just Cause, as data is not collected on reasons for an eviction. We can assume that the number of no-fault evictions is less than the total number of evictions, but there is no agreed-upon estimate for this. Therefore, we cannot provide an estimate of the number of evictions the ordinance would prevent, but we can assume that it would decrease evictions by some amount.

The number of people this ordinance directly prevents from being evicted may be small, but we expect that the health outcomes for these people will be significant. Several studies demonstrate the direct impacts of eviction on health. In addition, evictions have been shown to lead to increased residential mobility, increased moves to poor quality and less affordable housing, increased material hardship (being unable to afford basic necessities or make ends meet), increased homelessness, and a loss of place attachment and social capital. All of these factors are associated with negative health outcomes, which are described in detail below.

"The whole [eviction] process was so stressful. It covers every aspect of your life. You can't sleep, you have this thing on your mind...I have developed so many health issues as a result of this."

– City Life/Vida Urbana member

DIRECT HEALTH EFFECTS OF EVICTION

Stakeholders at a City Life/Vida Urbana (CLVU) meeting described from firsthand experience how an eviction affects every element of one's life, including work, eating, sleeping, and making major decisions. Several stakeholders explained that experiencing an eviction led to stress, depression, poor mental health, and poor physical health.

Academic studies have also made the link between evictions and health outcomes. A survey of 2,700 low-income urban mothers from twenty U.S. cities found that experiencing an eviction led to worse self-reported health, depression, and parental stress (See Table 1).²⁵ For example, 27 percent of mothers who experienced a recent eviction reported poor or fair health, compared to only 15 percent of mothers who did not experience eviction. Similarly, 11 percent of mothers who

²³ (Desmond, 2012)

²⁴ (Desmond & Kimbro, 2015)

²⁵ (Desmond & Kimbro, 2015)

experienced an eviction reported that their children were in poor or fair health, compared to only 4 percent for mothers who did not experience an eviction. The maternal depression rate was twice as high for evicted compared to non-evicted mothers (34 percent compared to 16 percent). Evicted mothers also scored a full standard deviation higher on a scale of material hardship and half a standard deviation higher on a scale of parental stress, compared to those who did not experience an eviction. To isolate the effects of eviction, this study matched those who experienced an eviction with those who did not experience an eviction but had similar socioeconomic characteristics. However, it is possible that there are underlying characteristics other than experiencing eviction that were not accounted for and may be driving the observed differences in health outcomes.

Table 1: Health Outcomes for Evicted Mothers and Children (Desmond & Kimbro, 2015)

Outcome	Evicted	Not Evicted
Own health reported poor or fair	27	15
Children's health reported poor or fair	11	4
Maternal depression	34	16

Moreover, the effects of an eviction persist over time. The same survey found that at least two years after their eviction, evicted mothers still experienced significantly higher rates of material hardship and depression than their peers who did not experience an eviction.²⁶ In a study of the effects of displacement, the author interviewed 250 women who were displaced from Boston's West End and found that 46% gave evidence of a grief reaction and 26% reported feeling sad or depressed two years after displacement.²⁷

We expect that the Just Cause Eviction Ordinance would prevent some of these short- and long-term negative health effects. Those who would have otherwise been displaced by a no-fault eviction will be able to remain in their homes and may not experience the increase in stress, depression, or poor physical health that is likely to result from an eviction.

HOUSING QUALITY

Experiencing an eviction means that renters will have to move quickly, increasing the likelihood that they will move into poor quality housing or into neighborhoods with high crime and poverty rates. This may be because good quality housing is too expensive or because people who are evicted have to move in a hurry and only find poor quality housing available on their timeline. Although some claim that evictions are necessary to renovate and improve the quality of the housing stock, studies have shown that renters who experience an eviction are more likely to move to poor quality housing. In other words, the buildings from which people are evicted might be renovated and

²⁶ (Fried, 1966)

²⁷ (Desmond & Shollenberger, 2015)

become higher quality housing, but the people experiencing the eviction do not live in the improved housing.

A survey of 1,086 Milwaukee renters found that renters who moved because they experienced an eviction moved to neighborhoods with poverty rates on average 5.4 percentage points higher and crime rates 1.8 percentage points higher compared to renters who moved by choice.²⁸ Living in high poverty and high crime neighborhoods has been shown to negatively affect children's health, development, and cognitive performance, as well as adults' physical and mental health.²⁹

Data from the Milwaukee Area Renters Study shows that renters whose previous move was involuntary were almost 25 percent more likely to experience long-term housing problems, such as broken appliances, exposed wires, or no heat, than similar renters who did not experience a recent forced move.³⁰

Many studies have linked poor housing quality with negative health outcomes.³¹ Based on a literature review as well as stories submitted by pediatricians from around the country, a report by Boston Medical Center and Children's Hospital Boston found that poor housing quality – including homes with cockroaches, rats, mold, inadequate heating, high fire risk, lead, and proximity to violence – is associated with increased asthma and respiratory diseases, injuries and lead poisoning in children.³² Similarly, a controlled study of public housing residents in London found that residents living in high-quality public housing were less likely to become sick than those living in low-quality public housing (defined as housing with dampness, poor heating and pest infestations). In particular, those living in high-quality housing experienced 14.28% times the number of "sickness days" as those in the low-quality housing.³³

These studies indicate that renters who are not evicted are less likely to have to move to expensive and/or unsafe housing than those who are evicted. Therefore, we expect that preventing evictions through the Just Cause Eviction Ordinance would allow more Boston renters to avoid the negative health effects associated with living in poor quality housing.

Lawton is an 11-year boy who has been admitted to the hospital 5 times over the last 9 months for asthma. His roof at home leaks water into the living area, and he is allergic to mold, dust mites and cockroaches. Their landlord has ignored requests to repair the apartment, and his mother feels "trapped" because she cannot afford to move.

- The Doc4Kids Project 1998

RESIDENTIAL MOBILITY

²⁸ (Desmond & Shollenberger, 2015)

²⁹ (Desmond & Shollenberger, 2015)

³⁰ (Desmond, 2015); (Desmond, Gershenson, & Kiviat, 2015)

³¹ (Bratt, 2002)

³² (The Doc4Kids Project, Boston Medical Center, & Children's Hospital, 1998)

³³ (Hynes, Brugge, Watts, & Lally, 2000)

Renters may also be vulnerable to high levels of residential mobility, or frequent moves, after an eviction. Experiencing an eviction forces people to find new housing quickly and can set off a chain reaction of both voluntary and involuntary moves. The same study of Milwaukee renters discussed above found that experiencing a forced move, such as an eviction, increases a renter's likelihood of voluntarily moving the subsequent year by 14 percentage points.³⁴ The study found that after an eviction, renters try to re-house quickly and therefore are more likely to move to poor quality housing.

Frequent moves can be particularly challenging for families. Low-income families that are evicted are more likely to move more frequently to find affordable housing. They also face additional pressure to rehouse quickly, as parents may want to avoid entering the shelter system but have difficulty finding temporary housing with children. These frequent moves and pressure to rehouse quickly can lead to disrupted education and a willingness to accept poor housing quality.^{35,36}

High levels of residential mobility-moving frequently-can be stressful and particularly damaging to children. A literature review of studies on childhood residential mobility and health found that children who moved frequently tended to have greater rates of behavioral and emotional issues, higher teen pregnancy rates, and higher rates of depression and initiation of drug use later in life.³⁷ Furthermore, when forced to move frequently, children may need to change schools and adjust to new friend groups. This was a major topic of concern amongst City Life/Vida Urbana members because many families cannot afford to relocate within Boston and would therefore need to move their children to a new school district. Moving frequently negatively impacts children's academic performance, which contributes to lower high school graduation rates, and adjusting to new friend groups and schools is stressful for children, which can exacerbate behavioral issues.³⁸ Educational attainment can have long-term health implications. For example, the Health of Boston Report found that Boston residents without a high school diploma or GED had higher rates of hypertension, anxiety, and persistent sadness than those

Several children and teenagers live there, like Dulce who attends Boston Latin School. They're worried that the eviction will disrupt their education and work, because rising rents in Boston prevent them from finding a new home within the city.

- Boston Displacement Mapping Project

Luis has an 8-year old child with special needs who attends a nearby school. The family was served a no-fault eviction notice but doesn't want to have to move away from their son's school.

- Boston Displacement Mapping Project

³⁴ (Desmond, Gershenson, & Kiviat, 2015)

³⁵ (Desmond et al., 2015; Mueller & Tighe, 2007)

³⁶ (Desmond et al., 2015)

³⁷ (Jelleyman & Spencer, 2008)

³⁸ (Mueller & Tighe, 2007)

with more education.³⁹ Furthermore, a person's education can affect their income over the course of a lifetime, another factor that influences health.

By preventing evictions and related forms of forced displacement, thereby allowing more renters to remain in their homes, we anticipate that the Just Cause Eviction Ordinance would reduce forced moves for those who would otherwise experience a no-fault eviction process. These renters – and their children – would be less likely to undergo the stress, behavioral issues, and poor physical health that result from moving frequently.

HOMELESSNESS

Low-income residents that are evicted may be at higher risk of becoming homeless due to inability to find affordable private market or because they do not receive housing subsidies despite meeting eligibility criteria.⁴⁰ Nationally only one in every four low-income renter households financially eligible for housing subsidy receives it.⁴¹ In addition, low-income households that are evicted are less likely to have money saved to facilitate moving to a new rental unit, such as paying for a security deposit. The 2015 Homeless Census in Boston recorded 1,543 homeless families, a 25% increase from the previous year. Most homeless families in Boston live in scattered site shelters, a slightly smaller number live in congregant shelters (where families have their own living quarters but share common spaces), and fewer families are sheltered in motels or are in transitional housing. Due to rising rents and insufficient rental assistance, families are the fastest growing homeless population in Boston.⁴²

Living on the street or in a shelter is very stressful and can expose people to violence, communicable diseases, malnutrition and harmful weather conditions. Homelessness is also found to exacerbate existing health conditions such as asthma, high blood pressure, and diabetes as well as behavioral health challenges including depression and alcoholism.⁴³ Furthermore, children who have experienced pre-natal homelessness, post-natal homelessness, or both are more likely to have poor health when compared to children that have never experienced homelessness (see Figure 10). Children whose mothers were homeless while pregnant and who experienced homelessness as infants or toddlers have a 59% higher developmental risk and a 42% higher risk of hospitalization than children who have never been homeless.⁴⁴

Arnie couldn't afford it and moved into a homeless shelter. Arnie's been homeless for about a year, and began taking drugs as a way of coping with the challenges of homelessness. Sober for four months now, Arnie still laments the inaccessibility of housing while rents rise throughout Boston.

- Boston Displacement Mapping Project

³⁹ (Boston Public Health Commission, 2015)

⁴⁰ (Wood-Boyle, 2015)

⁴¹ (Fischer & Sard, 2013)

⁴² (Emergency Shelter Commission, 2015)

⁴³ (National Health Care for the Homeless Council, 2011)

⁴⁴ (Sandel et al., 2015)

Families are the fastest growing homeless population in Boston, and experience additional barriers to accessing shelter services. For example, several shelters only accept women, girls, and boys under age 13—meaning that families with fathers or teenage sons may need to split up to access shelter services.⁴⁵ City Life/Vida Urbana members described how entering the shelter system and finding temporary housing was extremely stressful. Those with teenage children or pets identified difficulties in accessing temporary shelters due to shelter restrictions and explained that they sometimes chose unsafe places to sleep in lieu of splitting up their families in order to stay in a temporary shelter. Others expressed how the stress and anxiety of not having permanent housing negatively affects their school and work performance.

Because of the increased likelihood of experiencing homelessness after an eviction, passing the Just Cause Eviction Ordinance would likely prevent some Boston residents from becoming homeless and in those cases would potentially prevent the deterioration of health associated with homelessness. Furthermore, the populations most at risk of becoming homeless after an eviction are low-income residents that are more likely to have poor baseline health, including higher rates of hypertension, obesity, anxiety, and persistent sadness.⁴⁶ Preventing any cases of homelessness would also reduce the number of people seeking shelter services. It is estimated to cost the state \$26,620 each time a homeless family enters the state-run emergency-shelter system.⁴⁷

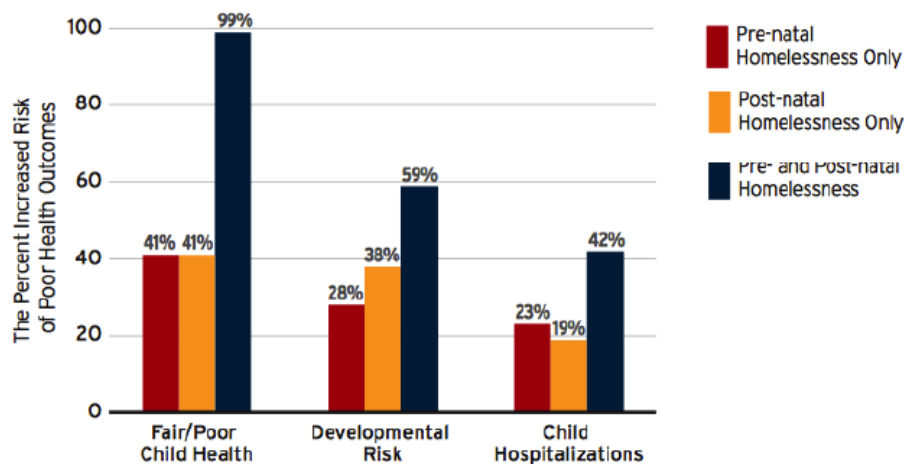


Figure 10
Compounding effects of
homelessness on child health
(Sandel, Sheward, & Sturtevant,
2015)

⁴⁵ (“Family Shelters in Greater Boston,” n.d.)

⁴⁶ (Boston Public Health Commission, 2015)

⁴⁷ (Wood-Boyle, 2015)

MATERIAL HARDSHIP

Material hardship describes the circumstance of a household whose income is unable to cover the basic costs of housing, food, transportation, health care, and work expenses (including child care) – in other words, being unable to “make ends meet”.⁴⁸ While material hardship is a permanent state for many families in Boston, it can be dramatically worsened by the experience of eviction. The costs of renting a moving truck, paying a security deposit, and purchasing appliances and furniture that a new home may lack are expensive regardless of the reason for a move. The unexpected nature of eviction produces additional expenses, such as being forced to lose a day’s wages while defending yourself in Housing Court or having to quickly find new housing where the rent and/or transportation costs are likely to be higher. Those who cannot immediately find housing report paying for costly storage units while they navigate the shelter system or find temporary housing with friends and relatives.

“Where will you go? How will you move your stuff? How will you get money to put a deposit down because you’ve been evicted and you have no money? With my salary, all I can rent is my room. The whole process was so stressful. How we are going to eat, how are we going to pay for rent?”

– City Life/Vida Urbana member

In addition, as described in the baseline, census data demonstrates that people in Boston who have moved recently are on average paying a higher rent than those who have lived in the same home. For those who moved between 2000 and 2009, the median monthly rent was approximately \$1,200. For those who moved after 2010, the median monthly rent was nearing \$1,600, a 33% increase.⁴⁹ Since those who experience an eviction by definition have to move, they are likely to face higher housing costs compared to those who are able to stay in their homes.

Families who face material hardship are more likely to make spending trade-offs between rent, utilities, food, and health care for themselves and their families.⁵⁰ According to a study of 7,141 children under the age of three in the United States, Frank et al. found that increasing material hardship was correlated with decreasing odds of wellness in children; in other words, the more basic needs that a family must forego, the more likely their child is to be in poor health, be hospitalized, or be developmentally at risk.⁵¹ According to Children’s Health Watch, these families are more likely to have mothers who show signs of depression and children who are food insecure and below average in height (a common indicator of malnutrition).⁵²

Not only do these trade-offs have direct implications on the health of families through poor nutrition, unsafe living conditions, and infrequent medical visits, material hardship can also offer an indirect pathway to negative social-emotional disorders in children. Parents who are struggling to

⁴⁸ (Gershoff, Aber, Raver, & Lennon, 2007)

⁴⁹ (United States Census Bureau, 2014)

⁵⁰ (March et al., 2011)

⁵¹ (Frank et al., 2010)

⁵² (March et al., 2011)

make ends meet are more likely to exhibit stress and demonstrate negative parenting behaviors, which can have adverse health effects on children's cognitive development and social behavior.⁵³ A longitudinal study by Gershoff et al. of over 20,000 children showed that material hardship explains connections between a parent's income and children's health outcomes.⁵⁴ While the Gershoff study did not find statistically significant results that connect material hardship with lower cognitive skills in children, it did reveal that material hardship explained a connection between a parent's income and a child's lower social-emotional competence, demonstrating that children living in conditions of material hardship may be more likely to act impulsively and exhibit anxiety, low self-esteem, sadness, or loneliness.

The Just Cause Eviction Ordinance is likely to decrease material hardship – and the negative health effects resulting from material hardship – for those renters who otherwise would have been evicted, but due to the ordinance would be able to remain in their homes.

PLACE ATTACHMENT AND SOCIAL CAPITAL

Place attachment is defined as the bonding that occurs between individuals and their environments.⁵⁵ While place attachment is difficult to quantify, there is empirical evidence of its psychological, spatial, and social implications in maintaining health. A literature review on place attachment found that emotion, feeling, and physical pain are linked to geographic orientation and strong connections to a physical place. Disaster victims, for example, report feeling dizzy, anxious, and disoriented when they no longer recognize their destroyed neighborhood, suggesting that physical place, physical health, and mental health are inextricably linked.⁵⁶ Forcibly removing someone from their physical place—such as through eviction—may have long-term outcomes for their mental health.

Beyond the psychological experience of place attachment, a tenant's social ties in their neighborhood may have strong positive health outcomes through the acquisition of social capital.⁵⁷ Popularized in Robert Putnam's *Bowling Alone*, social capital refers to the "networks, norms, and social trust that facilitate coordination and

Josue grew up in a house in Egleston Square. But after 17 years, Josue's family was displaced out of the neighborhood when their rent went up. Josue says, "The whole entire street was awesome, we all got along, especially in a snowstorm...everybody knew each other. But then as soon as the landlord decided to raise up the bills, people were leaving left and right." Josue still prefers his old neighborhood, and he tries to spend time with his friends and community in Egleston even since he's been displaced. Josue works with teens at the YMCA and engages them in local issues.

– Boston Displacement Mapping Project

⁵³ (Gershoff et al., 2007)

⁵⁴ (Gershoff et al., 2007)

⁵⁵ (Scannell & Gifford, 2010)

⁵⁶ (Scannell & Gifford, 2010)

⁵⁷ (Fullilove, 1996)

cooperation for mutual benefit.”⁵⁸ From helping to watch each other’s children to encouraging one another to vote in an election, social capital has been shown to be associated with positive health outcomes for adults and children alike. A meta-analysis on social capital, income inequality, and mortality found a strong correlation between income inequality and indicators of social capital; for example, neighborhoods that have higher income inequality are less likely to demonstrate trust and cohesion between neighbors, which is in turn associated with adverse health outcomes. The study concluded that social capital is associated with improved mortality, including reduced rates of death from coronary heart disease, malignant neoplasm, and infant mortality.⁵⁹

Most importantly, social capital may have a protective effect on health that can override other unfavorable social factors. Waterston found that social capital provides immunity to poverty in children similar to the effects of absolute wealth.⁶⁰ Simply by supporting neighborliness, facilitating connection, and preserving opportunities for community networking and participation, planners and policymakers may be able to improve the health of Boston’s most vulnerable children. The Just Cause Eviction Ordinance would protect social capital in Boston’s tight knit neighborhoods and dense multi-family buildings by reducing building clear-outs and keeping neighborhood composition intact.

ANTICIPATION OF EVICTION

In addition to reducing the incidence of eviction, the Just Cause Eviction Ordinance is expected to reduce the anticipation of eviction for all Boston renters. If no-fault evictions were prohibited, renters would know that they could not be subject to an eviction process at any moment without cause. Connecting renters with tenant advocacy services and resources when they do receive an eviction notice or rent increase will also reduce the anticipation of eviction, as renters will be more empowered to understand the eviction process, fight evictions, and/or plan and prepare for a move.

Stakeholders at a City Life/Vida Urbana meeting described how anticipating an eviction – either after receiving a notice related to the eviction process or seeing their neighbors evicted – can be extremely stressful. Stress has been linked to numerous negative health outcomes, including psychiatric disorders, depression, alcohol and substance use disorder, and physical health outcomes.⁶¹

Actually experiencing an eviction also leads to stress, in addition to the many other potential outcomes leading to poor health discussed above. Therefore, preventing evictions likely has greater health benefits than reducing the anticipation of eviction. However, while the number of no-fault evictions that will be prevented by this ordinance may be small, the number of people who may face a reduced anticipation of eviction is much larger—potentially the entire the entire population of Boston renters: 422,132 people.

⁵⁸ (Putnam, 1995)

⁵⁹ (Kawachi, Kennedy, Lochner, & Prothrow-Stith, 1997)

⁶⁰ (Waterston, 2004)

⁶¹ (Thoits, 2010)

ASSESSMENT SUMMARY

The Just Cause Eviction Ordinance is expected to reduce the number of evictions and related displacement in Boston, which can lead to health benefits for Boston renters. The assessment shows that evictions lead to poor health outcomes through several pathways: forced displacement through eviction causes people to move to poorer quality housing, increases the chances that people will move frequently, increases the likelihood of homelessness; increases material hardship; and erodes place attachment and social capital. Each of these outcomes of eviction has been shown to be associated with various negative health outcomes, including stress, depression, substance use disorder, environmental exposures, and child health (See Table 2). The ordinance is also expected to reduce the anticipation of eviction, which will lead to health benefits through reduced stress.

"Now, I'm on a fixed income—I can't afford that, there's no way I can ... If I disagree with what they said, they will proceed in an eviction notice. I'm 72 years old, and I don't see myself being homeless. At my age, where am I going to go? My blood pressure is so high. ... Each morning I'm leaving my apartment and I'm looking for some kind of note attached to my door. It's very scary to me. Each day I'm so tense."

- Canute Harris, Boston Displacement Mapping

Table 2: Health Effects of Eviction Pathways

















	Stress	Depression	Substance Abuse	Environmental Exposures	Child Health
Residential Mobility					
Poor Housing Quality					
Material Hardship					
Homelessness					
Loss of Social Capital					

Table 2 summarizes the identified negative health effects that correspond with each of the assessed outcomes of eviction. For example, the waving figure indicates that loss of social capital is associated with higher rates of stress and depression.

Table 3: Assessment Summary

	Outcome of Eviction	Size of Affected Population	Relative severity of health effect	Certainty
Incidence of Eviction	Housing Quality	Small	Severe	High
	Residential Mobility	Small	Moderate	Medium
	Homelessness	Small	Severe	High
	Material Hardship	Small	Severe	High
	Place Attachment	Small	Moderate	Medium
	Anticipation of Eviction	Large	Moderate	Low

Table 3 summarizes the results of the assessment based on three variables: the size of the affected population, the relative severity of the health effect, and the certainty of the health effect. The size of the affected population is categorized as large or small. A large affected population means that all or most Boston renters would likely experience health effects, while a small population affected means that only the subset of renters who experience an eviction would likely do so.

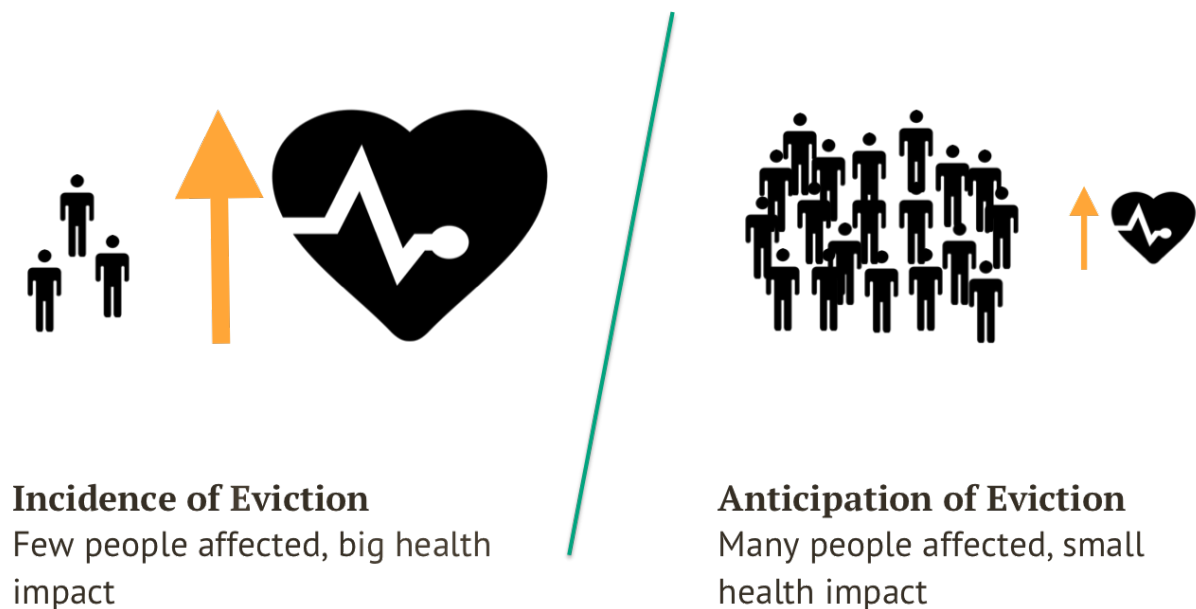
If an outcome of eviction leads to severe health effects, it causes multiple negative health effects, including worsened physical and mental health and a likelihood of increased mortality. Moderate health effects refer to pathways that may affect one component of a person's health. The health effect of a particular pathway could also be categorized as nonexistent or as positive, although that was not the case for any of the pathways reviewed in this RHIA.

Finally, certainty refers to the quality and quantity of the academic literature supporting the findings. High certainty signifies that there are many studies supporting the findings, including randomized control trials or observational studies that control for confounding variables. Medium certainty means that there are several studies that support the finding, but the finding lacks the overwhelming evidence available for high certainty findings. Low certainty signifies that there is only anecdotal evidence for the finding, or that there are conflicting findings. To be clear, we have used the term certainty in this setting to refer only to scholarly support for the findings. We do not consider themes supported largely by stakeholder input and stories to be any less significant than

those bolstered by academic research, and would urge additional scholarly research explore these priority areas further.

As Table 3 shows, outcomes stemming from the decreased incidence of eviction would likely affect a small number of people. The exact numbers are not known, since data is not collected on income, location, or health status after people experience an eviction, or on the number of no-fault evictions in Boston. In contrast, the reduced anticipation of eviction resulting from this ordinance would likely affect most of the population of Boston renters. All of the pathways result in moderate to severe health impacts, with the most severe health effects resulting from a decrease in housing quality, an increase in homelessness, and an increase of material hardship. Finally, many of the pathways reviewed have a great deal of evidence supporting them. We have a high degree of certainty for the findings on the health effects of housing quality, homelessness, and material hardship, and medium certainty for residential mobility and place attachment. Certainty was lowest for the health effects of anticipation of eviction, which was based primarily on anecdotal evidence.

Figure 11



RECOMMENDATIONS

The Boston City Council, the Boston Office of Housing Stability, and Right to Remain campaign member organizations such as City Life/Vida Urbana could take the following actions to improve renters' health:

Boston City Council:

1. *Adopt the Just Cause Eviction Ordinance currently known as the Jim Brooks Stabilization Act of 2016.*

The Just Cause Eviction Ordinance is expected to improve the mental and physical health of Boston renters by reducing the incidence of eviction, reducing the anticipation of eviction, and strengthening the support network for residents facing rent increases or involuntary displacement. Therefore, we anticipate health benefits for renters if the City Council votes on and passes this ordinance.

2. *Investigate and implement policies to reduce the overall incidence of eviction in Boston.*

Although the ordinance would reduce the incidence of no-fault eviction in Boston, many types of evictions and displacement would not be prevented, including those caused by rising rents. To help more people realize the health benefits described in this RHIA, the City Council could investigate and implement policies that reduce the incidence of eviction in Boston. These policies may include: rent stabilization, increasing the stock of affordable housing, and/or implementing a living wage.

Boston Office of Housing Stability:

1. *Provide tenants with information about community health services.*

The Just Cause Eviction Ordinance would require landlords to notify the City of Boston's Office of Housing Stability (OHS) within two days of issuing any Notice to Quit, lease non-renewal letter, or notice of fixed term lease expiration. In turn, OHS would track cases and make referrals. Given the known negative health effects of eviction, OHS referrals should include a list of community health services, and tenants should be encouraged to utilize these services to address some of the mental and physical health effects of facing a potential eviction.

2. *Collect and share eviction data and collaborate with the Boston Public Health Commission.*

Similarly, OHS should collect data on number, reason for, and location of evictions, and share this data, as well as the data it already collects on evictions and displacement, with the Boston

Public Health Commission. The Public Health Commission can use this data to track where forced displacement is taking place and whether this correlates with areas of the city that have other poor health indicators or outcomes. They can also design their interventions to target neighborhoods that are facing higher numbers of evictions.

Right to Remain campaign member organizations that work directly with affected people, such as City Life/Vida Urbana (CLVU):

1. Use this RHIA to continue conversations about the Just Cause Eviction Ordinance and other policies that would protect Boston residents from eviction.

There are many reasons to reduce evictions, including maintaining community cohesion, limiting speculative investment, and creating a sense of security for residents. By analyzing the health effects of eviction, this RHIA adds a new lens on the importance of the ordinance. Organizations like CLVU can use this RHIA to bring a new perspective to their conversations around the issue of no-fault evictions.

2. Magnify the health benefits that members of the community derive from participating in groups like CLVU, through offering counseling services and partnerships with community health organizations.

CLVU and similar organizations within the Right to Remain coalition already play a major role in helping tenants facing eviction access legal resources, camaraderie, and a sense of hope. We heard from stakeholders that working with CLVU saved their lives, helped them to remain in their home or find new housing, and even encouraged them to get mental health services. CLVU can amplify its impact by providing counseling services or partnering with community health organizations to connect people who are experiencing the detrimental health effects of eviction with the services they need.

MONITORING & EVALUATION

This RHIA was a rapid assessment of the potential health impacts of the proposed Just Cause Eviction Ordinance in Boston, now known as the Jim Brooks Stabilization Act. Therefore, it is not comprehensive of all health impacts of eviction or experiences of individuals in Boston who have faced or been threatened with eviction and displacement. In order to evaluate and improve this HIA, we recommend the following monitoring and evaluation measures:

1. Share RHIA with stakeholders to monitor the extent to which it reflects their experiences.

This RHIA was shaped by stakeholder input from a single meeting with CLVU members and additional stories collected from the Boston Displacement Mapping Project. However, several organizations in Boston are part of the coalition advocating for this ordinance and other housing policies in Boston. This RHIA should be shared with all coalition members to evaluate whether the pathways reflect the experiences of residents in all Boston neighborhoods. Coalition members should be invited to identify additional limitations of this RHIA and propose areas for future research.

2. Treat this RHIA as a living document.

This RHIA could be improved by incorporating more experiences and stories from affected stakeholders, and additional data as more studies are produced. CLVU or other coalition members could use this report as a starting point for collecting more stakeholder stories focused on health. A strong report with a diversity of narratives could be a powerful tool to advocate for the ordinance and other housing policies.

In addition to evaluating this report, measures can be taken to more closely monitor the incidence and impact of evictions in Boston and the City of Boston's response:

1. Require the tracking and collection of eviction data in Boston and make it publicly available.

This report was limited by the lack of data on evictions, in particular no-fault evictions, in Boston. Additional data on the number, reason for, and location of evictions would help strengthen the arguments made in this report and help decision-makers better analyze eviction-related policies in Boston. Moreover, publicly available eviction data could help tenants' rights organizations better target their services and advocacy efforts.

LIMITATIONS

This Rapid Health Impact Assessment is an initial assessment of the health impacts of the Just Cause Eviction Ordinance/Jim Brooks Stabilization Act, but it does not cover all possible health impacts of the ordinance. While we selected the health pathways based on the health impacts identified by stakeholders and supporting literature, there are likely other ways in which this ordinance could impact health that were not assessed in this RHIA. Moreover, we used research from other cities as a proxy to assess the possible health pathways for Boston residents. Additional data needs include counts of people that experience homelessness after an eviction and people moving out of Boston after an eviction. Additional research and data could help clarify which pathways are most relevant to residents of Boston.

Similarly, there is no definitive number of people impacted by this ordinance. Housing Court data is limited because not all households go to housing court after receiving or being threatened with a Notice to Quit—some simply move without availing themselves of their tenants' rights. In addition, there is no data on the reasons why people are evicted, so we could not quantify the number of no-fault evictions that this ordinance would prevent. With more data on the number of evictions, reasons for evictions, where evictions are happening, and who is being evicted, we could make stronger conclusions about the protective health outcomes that the ordinance would create.

CONCLUSION

Health and housing are inextricably connected. Having access to stable, quality housing is a fundamental foundation for good health. Where you live and the experiences you have can profoundly affect your short and long-term health. Eviction and involuntary displacement have many negative health impacts on individuals and their surrounding communities. The stress that comes with an eviction or the threat of an eviction is a serious health concern, as are the risks of becoming homeless, moving to dangerous quality housing, or making tradeoffs on daily needs in order to afford rent. In Boston, low-income residents and communities of color are at a higher risk of eviction and are also more likely to have worse baseline health. Therefore, preventing evictions in Boston will protect the health of vulnerable populations that are already disproportionately burdened by poor health. The Just Cause Eviction Ordinance is an important step in protecting and improving the health of Boston's most at-risk residents, but the City of Boston should also pursue additional tenant protection measures in order to protect the health of all Boston residents.

Appendix A

Eviction Types and Procedures- Created by the Greater Boston Legal Services and City Life Vida Urbana

Eviction Type:	No-Fault	Fault	Nonpayment (a subtype of fault evictions)
Applies To:	Tenants in privately-owned, unsubsidized housing. This includes tenants with Section 8 or other types of mobile vouchers, who rent in private housing (but only in certain circumstances).	All tenants, whether in privately-owned, unsubsidized housing (including those with Section 8 or other types of mobile vouchers), subsidized housing, or public housing.	All tenants, whether in privately-owned, unsubsidized housing (including those with Section 8 or other types of mobile vouchers), subsidized housing, or public housing.
When can this be pursued:	When tenant's lease ends, or at any time if they do not have a lease.	At any time, whether or not tenant has a lease.	Any time, whether or not tenant has a lease.
Timeframe required for notice to quit before case can be filed in court:	For tenants who pay rent monthly, 30 days/1 month (whichever is longer). For tenants on the lease, if a lease expires no further notice is required unless specifically noted in the lease. If the tenant does not leave on their own within the notice period, then the landlord can pursue a no-fault eviction to force them to leave.	For tenants who pay rent monthly, 30 days/1 month (whichever is longer). For tenants on a lease, no notice is required if the lease is ending; if there is an unexpired lease the required length of time for notice will be specified in the lease. unless a different time period is specified in the lease. If the tenant doesn't leave on their own within the notice period, then the landlord can pursue a fault eviction to force them to leave.	14 days – and tenants have the "right to cure" and avoid the eviction process if they can pay the back rent within 10 days of receiving the right to quit. For tenants on a lease, they can "cure" the nonpayment by paying all rent owed with interests and costs by the day the summary process summons and complaint is due. If the tenant does not pay and does not leave on their own within the notice period, then the landlord can pursue a nonpayment eviction to force them to leave, and pursue a judgment against them for the money owed.
If this type of eviction goes to court:	Tenants can present defenses (ex: faulty notice process, retaliation, discrimination) and counterclaims (ex: problems	Tenants have the right to present defenses. <i>Note:</i> It is more difficult for a tenant to win "possession"	If the eviction goes to court, the tenant has the right to present defenses and counterclaims. The tenant wins "possession" (judge denying landlord permission to evict) if it's proven that the landlord

	with the conditions of the unit/building or with the way the landlord held the security deposit). <i>Note:</i> This does not occur to most people that this could be true - they either do not know it is possible, or do not feel justified in exercising their rights to contest these kind of evictions.	(judge denying landlord permission to evict) than in no-fault cases. <i>Note:</i> In fault cases – unlike in no-fault and nonpayment cases - tenants’ counterclaims usually cannot be weighed as part of the eviction case.	owes the tenant more in counterclaims (ex: problems with the conditions of the unit/building or with the way the landlord held the security deposit) than the tenant owes the landlord in back/withheld rent.
Triggers for this type of eviction:	1.) Sale of the building or other plans to to redevelop. 2.) landlord proposes new lease terms (such as higher rent) and the tenant does not accept the new terms but rather continues to pay under the existing terms. 3.) Smaller landlords want to empty units for them/ family member to move into (less common). 4.) landlords have difficulty with a tenant that doesn't rise to the level of being able to evict them for fault.	When the tenant violates the lease or rental contract in some way (examples: purposefully damaging the unit, doing illegal activities in the unit, having unauthorized occupants in the unit, interfering with other tenants’ rights to a safe living environment). <i>Note:</i> Although fault evictions are a tool to keep the property and the other residents safe, fault allegations are also sometimes used by landlords to retaliate against tenants or to empty a building for sale or other plans to to redevelop.	The tenant does not pay rent on time. <i>Note:</i> This can be the result of tenants accepting rent increases that are not affordable for them* – because they are not aware of other options - and and not being able to keep up.
Effect of proposed JC4E law:	Would change and limit the use of this eviction procedure.	Would not change this eviction procedure.	Would not change this eviction procedure.

* Tenants do not owe a rent increase just because the owner/manager asks them to pay more. If they continue to pay their existing rent, they are not considered to owe the increase and therefore cannot be evicted for nonpayment; only no-fault.



Activists with banner at the Renters Day of Action, Sep 22, 2016 (Howard Rotman)

WORKS CITED

Boston Displacement Mapping Project. Accessed May 15, 2016.
<http://www.bostondisplacement.org/>.

Bratt, Rachel G. "Housing and Family Well-Being." *Housing Studies* 17, no. 1 (January 2002): 13–26.
 doi:10.1080/02673030120105857.

City of Boston. "Housing a Changing City: Boston 2030" (2014).
https://www.boston.gov/sites/default/files/boston2030_chapter_1_housing_bostons_low-income_non-elderly_households.pdf

Desmond, Matthew. "Eviction and the Reproduction of Urban Poverty." *American Journal of Sociology* 118, no. 1 (July 2012): 88–133. doi:10.1086/666082.

———. "Unaffordable America: Poverty, Housing, and Eviction." Fast Focus. University of Wisconsin-Madison Institute for Research on Poverty, March 2015.

Desmond, Matthew, Carl Gershenson, and Barbara Kiviat. "Forced Relocation and Residential Instability among Urban Renters." *Social Service Review* 89, no. 2 (2015): 227–62.

Desmond, Matthew, and Rachel Tolbert Kimbro. "Eviction's Fallout: Housing, Hardship, and Health." *Social Forces* 94, no. 1 (September 2015): 295–324. doi:10.1093/sf/sov044.

Desmond, Matthew, and Tracey Shollenberger. "Forced Displacement From Rental Housing: Prevalence and Neighborhood Consequences." *Demography* 52, no. 5 (October 2015): 1751–72. doi:10.1007/s13524-015-0419-9.

Emergency Shelter Commission. "City of Boston 35th Annual Homeless Census." Boston Public Health Commission, 2015. http://www.bphc.org/healthdata/other-reports/Documents/2015_HomelessCensusKeyFindings.pdf.

"Family Shelters in Greater Boston." *Massachusetts Coalition for the Homeless*. Accessed May 17, 2016.
<http://www.mahomeless.org/family-shelters-in-greater-boston>.

Fischer, W., & Sard, B. (2013). Chart book: Federal housing spending is poorly matched to need. Center on Budget and Policy Priorities. Retrieved May, 10, 2016.

Frank, D. A., P. H. Casey, M. M. Black, R. Rose-Jacobs, M. Chilton, D. Cutts, E. March, et al. "Cumulative Hardship and Wellness of Low-Income, Young Children: Multisite Surveillance Study." *PEDIATRICS* 125, no. 5 (May 1, 2010): e1115–23. doi:10.1542/peds.2009-1078.

Fried, Marc. "Grieving for a Lost Home: Psychological Costs of Relocation." In *Urban Renewal: The Record and the Controversy*, edited by James Q. Wilson. Cambridge, MA: The MIT Press, 1966.

Fullilove, Mindy Thompson. "Psychiatric Implications of Displacement: Contributions from the Psychology of Place." *The American Journal of Psychiatry* 53, no. 12 (December 1996): 1516–5123.

Gershoff, Elizabeth T., J. Lawrence Aber, C. Cybele Raver, and Mary Clare Lennon. "Income Is Not Enough: Incorporating Material Hardship Into Models of Income Associations With Parenting and Child Development." *Child Development* 78, no. 1 (January 2007): 70–95. doi:10.1111/j.1467-8624.2007.00986.x.

Hynes, H. Patricia, Doug Brugge, Julie Watts, and Jody Lally. "Public Health and the Physical Environment in Boston Public Housing: A Community-Based Survey and Action Agenda." *Planning Practice and Research* 15, no. 1–2 (February 2000): 31–49. doi:10.1080/713691876.

Jelleyman, T, and N Spencer. "Residential Mobility in Childhood and Health Outcomes: A Systematic Review." *Journal of Epidemiology & Community Health* 62, no. 7 (July 1, 2008): 584–92. doi:10.1136/jech.2007.060103.

Kawachi, I, B P Kennedy, K Lochner, and D Prothrow-Stith. "Social Capital, Income Inequality, and Mortality." *American Journal of Public Health* 87, no. 9 (September 1997): 1491–98. doi:10.2105/AJPH.87.9.1491.

Knorr, Robert. "Preventing Childhood Lead Poisoning in Massachusetts." Massachusetts Department of Public Health, N.D.

https://www.cityofboston.gov/images_documents/Robert%20Knorr,%20Preventing%20Childhood%20Lead%20Posioning%20in%20MA_tcm3-48543.pdf

March, Elizabeth, Stephanie Ettinger de Cuba, John T. Cook, Kathryn Bailey, Diana Becker Cutts, Alan F. Meyers, and Deborah A. Frank. "Behind Closed Doors: The Hidden Health Impact of Being behind on Rent." Children's Health Watch, January 1, 2011. <http://www.childrenshealthwatch.org/publication/behind-closed-doors-the-hidden-health-impact-of-being-behind-on-rent/>.

Mueller, E. J., and J. R. Tighe. "Making the Case for Affordable Housing: Connecting Housing with Health and Education Outcomes." *Journal of Planning Literature* 21, no. 4 (May 1, 2007): 371–85. doi:10.1177/0885412207299653.

National Health Care for the Homeless Council. "Homelessness & Health: What's the Connection?" Nashville, TN, June 2011. http://www.nhchc.org/wp-content/uploads/2011/09/Hln_health_factsheet_Jan10.pdf.

Putnam, Robert D. "Bowling Alone: America's Declining Social Capital." *Journal of Democracy* 6, no. 1 (1995): 65–78. doi:10.1353/jod.1995.0002.

Rocheleau, Matt. "Low-income, minority areas seen as lead poisoning hot spots." Boston Globe, April 11, 2016. <https://www.bostonglobe.com/metro/2016/04/11/low-income-minority-areas-seen-lead-poisoning-hot-spots/ZJAJSL1whhEKtL8KcSM0nN/story.html>

Sandel, Megan, Richard Sheward, and Lisa Sturtevant. "Compounding Stress: The Timing and Duration Effects of Homelessness on Children's Health." The Center for Housing Policy and Children's Health Watch, June 2015. http://www.childrenshealthwatch.org/wp-content/uploads/Compounding-Stress_2015.pdf.

Scannell, Leila, and Robert Gifford. "Defining Place Attachment: A Tripartite Organizing Framework." *Journal of Environmental Psychology* 30, no. 1 (March 2010): 1–10. doi:10.1016/j.jenvp.2009.09.006.

The Doc4Kids Project, Boston Medical Center, and Children's Hospital. "Not Safe at Home: How America's Housing Crisis Threatens the Health of Its Children," 1998.

Thoits, P. A. "Stress and Health: Major Findings and Policy Implications." *Journal of Health and Social Behavior* 51, no. 1 Suppl (November 1, 2010): S41–53. doi:10.1177/0022146510383499.

Waterston, T. "Social Capital: A Key Factor in Child Health Inequalities." *Archives of Disease in Childhood* 89, no. 5 (May 1, 2004): 456–59. doi:10.1136/adc.2002.024422.

"What Is HIA? – The Society of Practitioners of Health Impact Assessment." *SOPHIA: Society of Practitioners of*

Health Impact Assessment. Accessed May 11, 2016. http://hiasociety.org/?page_id=55.

Wood-Boyle, Linda. "Facing Eviction: Homelessness Prevention for Low-Income Tenant Households." Federal

Reserve Bank of Boston, 2015. <https://www.bostonfed.org/commdev/c&b/2015/winter/Wood-Boyle-Facing-Eviction-Homelessness-Prevention.pdf>.