

November 8, 2022

Dear City Council Members,

I am writing in support of Inclusionary Housing Bill 22-0195 which I believe is an important mechanism to improve both housing and health.

By way of background, I am an endowed Professor in the Department of Health Policy Management at the Johns Hopkins Bloomberg School of Public Health, the Johns Hopkins School of Medicine, and the Johns Hopkins School of Nursing. I provide this testimony in my own individual capacity. I am not representing the view or position of the Johns Hopkins University or Bloomberg School of Public Health, government agencies, or others.

I am a practicing primary care physician and health researcher who, for over 10 years, has studied the connection between housing and health. Through my clinical experience and research, I have observed the importance of affordable housing in health-promoting environments on health and well-being.

Through my clinical practice, I have seen the trade-offs that my patients and their families make between paying for rent and paying for medicines. I have witnessed the extreme stress of living in unstable housing, frequently described as symptoms of anxiety or depression. And I have listened to my patients describe the impact of living in unsafe neighborhoods, without access to healthy foods and places to exercise. I prescribe additional medicines for their high blood pressure and diabetes and often feel powerless to address these underlying, root causes of health inequities.

Research in the area of housing and health supports my clinical experience on the critical connection between housing affordability, its neighborhood context, and health. My research team published a study in *JAMA* (attached) that examined the long-term impact of receiving a voucher on health care use. The study made use of the Moving To Opportunity experiment and followed families for up to 21 years.

Our key finding is that children who were exposure to lower levels of neighborhood poverty had lower levels of hospitalizations and hospital spending over the long-term follow-up. For every 10 percentage point reduction in neighborhood poverty that children were exposed to, they had on average, \$152 less per year in the hospital spending. Changes were particularly pronounced for asthma- and mental health-related hospitalizations. These reductions in hospital admissions and spending accrue over the long-term may lead to sizable health and financial benefits.

With funding from the National Institutes of Health, I am currently working on another study in Baltimore. We recruited 123 children with asthma whose families were participating in a housing mobility program in Baltimore that helps families move from

neighborhoods of concentrated poverty into lower poverty neighborhoods. Initial results show significant reductions in asthma exacerbations and symptoms after their households move. Importantly, a key driver of these findings was that their households experienced lower levels of stress and a stronger sense of neighborhood safety.

Finally, with funding from the MacArthur Foundation, I have previously studied the health impact of the inclusionary zoning program in Montgomery county. We found that living in housing created through the inclusionary zoning program led to changes in one's social network—the web of people we are connected to. These social network characteristics can be a powerful predictor of health behaviors and outcomes for parents and their children.

In summary, both my clinical experience working as a primary care physician and my research support the importance of measures that provide quality, affordable housing in safe and healthy neighborhoods. Inclusion housing laws, Like CC 22-0195, are an important tool that Baltimore needs to promote better health as well as better housing.

Sincerely,

A handwritten signature in black ink, appearing to read 'Craig Pollack', with a stylized flourish at the end.

Craig Pollack, MD, MHS
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