Florida Housing Foreclosure Crisis: What is the Mental Health Impact?

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# Table of Contents

I. Introduction p. 3  
II. Needs Assessment and Planning p. 3  
III. Description of the Program or Program Enhancement p. 6  
IV. Plans for Sustainability p. 10  
V. Reference List p. 10  
VI. Appendices p. 12
I. **Introduction**

Since 2003, the United States has seen unprecedented rates of housing foreclosures. An increasing body of literature published in peer reviewed journals discusses the physical and mental health problems in individuals experiencing mortgage delinquency and foreclosure. While national attention has drifted away from the housing market, housing foreclosures in Florida have risen to the highest in the nation. In December 2012, Florida surpassed California as the state with the highest rate. In February 2013, Florida’s foreclosure filings rose by 6%, representing a 20% increase between 2012 and 2013 (RealtyTrac, Inc, 2013). Counties in the south Florida region have some of the highest foreclosure rates in the state (NOMS, 2012).

The ramifications of these housing foreclosures pose a potential public health threat in Florida. Housing foreclosures have been associated with a myriad of public health problems, most notably mental health issues. On the national level, authors have discovered a relationship between housing foreclosures and declining health status. Researchers found that physical health, mental health, and medical compliance were worse in the foreclosure group (Pollack 2009, 2011). Furthermore, in Florida, there has been increasing use of the mental health system by individuals without Medicaid. This may represent a shift in the typical population that utilized these services and may reflect growing middle class need for these services (NOMS, 2012).

II. **Needs Assessment and Planning**

The most recent data for the state of Florida demonstrates that approximately one in 171 housing units is currently undergoing foreclosure (RealtyTrac). Palm Beach County, Florida, areas of risk include Loxahatchee where foreclosure rates are one in every 106, Lake Worth, one in every 182, and West Palm Beach one in every 200. Foreclosures have been less common in Boynton Beach and Boca Raton with an approximate rate of one in every 300. In Broward County, the foreclosure rate ranges from one in every 414 in the areas of Hallandale and Deerfield Beach to one in every 246 in the city of Hollywood. Miami-Dade County’s foreclosure rates by cities are similar to those in Palm Beach County. Homestead has an astounding one in 94 foreclosures and Opa Locka has a one in 133. North Miami Beach has a lower foreclosure rate of one in every 260 (RealtyTrac). The figures below demonstrate the recent geographical trends that show foreclosure cluster areas and indicate that these counties are not homogenous in nature. This data will help to identify at-risk communities and link tangible mental health, crime, and community issues to foreclosures.
Presently, there have been no attempts to explore the intersection between housing foreclosures and mental health outcomes in Florida. However, interventions have been developed to make foreclosures more easily navigable. For example, the Federal Reserve has worked to assemble resources including an internet-based repository of information for individuals facing possible foreclosure. Florida lawmakers recently passed legislation, House
Bill 87 that establishes what is known colloquially as the “Rocket Docket.” This law works to mitigate the effects of an overwhelming number of foreclosures on the judicial system. It shortens the time between initiation and closure of the foreclosure process, allowing individuals with no viable defense against foreclosure to have their suit moved expeditiously through the system. This legislation is fraught with controversy, as its opponents claim that it denies homeowners due process and causes an excessive bank loss. (Schechter, 2013). Furthermore, disparate views exist regarding whether expedited foreclosure processes or delays that try to keep homeowners in their home are the better option.

This has also led to an overwhelming number of individuals requesting “Rocket Docket” assistance from Legal Aid of Palm Beach County. It is not clear what impact these processes have had on the population’s mental health. Palm Beach County Florida Representative Lori Berman recently sponsored HB1155 to remove some optional components of insurers providing mental health coverage in order to meet the need for increased access to mental health services. While these programs are promising, they lack the collaboration necessary for this multi-faceted problem.

In order to tackle the cycle of housing foreclosures and poor mental health, a health impact assessment (HIA) would likely capitalize on the initiatives that have already taken place and allow for future growth and sustainability. An HIA is a systematic process that accounts for data and stakeholder input to provide recommendations to monitor and manage the effects of policies and programs on the health of a population (CDC, 2012). Traditionally focused on assessing the health impacts of built environment and transportation policies and projects, the field of HIA has recently expanded to include an examination of how policies and projects affect a population’s mental health. A novel approach to HIA, the Mental Health Impact Assessment (MHIA) identifies and evaluates the impact of public decisions and projects on social determinants of mental health, such as housing, income, neighborhood conditions, safety, employment, education, and social inclusion/exclusion. Historically, interventions for mental health focus narrowly on the individual or community but have neglected many of the social determinants of health. Such determinants include the broader constructs of social, political and economic conditions.

The Adler School of Professional Psychology published an article in the International Association for Impact Assessment, demonstrating their success using an MHIA to assess the association between mental health status and housing vacancy and foreclosures. Ultimately, this assessment resulted in legislation targeted at improving the community by holding lending institutions accountable for properties upon which they foreclose (Todman, 2012). This demonstrates the value of MHIA and how, like traditional HIA, it can ultimately improve the health of a community. Like HIA, MHIA engages multi-sectoral stakeholders including health, housing, industry, and policy. The complexity of this connection necessitates that multiple sectors become engaged to mitigate the mental health effects of housing.

Due to the complex nature of the social determinants of mental health and the almost circular pattern of poor health/mental health and housing foreclosures, a Healthy Communities summit resulting in a MHIA would be an effective means of addressing these issues.
III. Description of the Program or Program Enhancement

FPHI proposes to plan and host a Healthy Communities summit to provide a forum for a diverse group of stakeholders to explore the connection between the consequences of high rates of foreclosure and community mental health. As a neutral convener, FPHI is well suited to execute this program. Having participated in a Healthy Communities summit that was convened and supported by the Robert Wood Johnson Foundation and the Federal Reserve Bank of San Francisco, Chief Operating Officer Debora Kerr has a degree of familiarity with the structure, expectations, and content. In addition, FPHI has had discussion with both the Federal Reserve Bank and the Robert Wood Johnson Foundation who agree that FPHI should be the convener and sponsor of such an initiative. FPHI plans to execute a Healthy Communities Summit in Miami in late 2013. FPHI also works collaboratively with the South Florida Regional Partnership whose Seven50 regional plan for a sustainable future aligns with this work.

FPHI proposes to work with regional partners to complete an MHIA that will address issues associated with housing foreclosures and mental health. Neighborhoods with high levels of foreclosure where homes go vacant leave behind breeding grounds for drug use, criminal activity, and other unwarranted behaviors resulting in a more dangerous community with increased chronic environmental stressors. From a social determinants of health framework, these conditions promote ill health. The proposed MHIA and Healthy Communities Summit will engage community stakeholders in order to explore some of the following consequences of housing foreclosure changes in public safety (including walkability) and criminal activity; depression, anxiety, mood disorders, ADHD and parenting behavior.

The timeline for this program involves several steps. The first step of initial research to determine a need in Florida has been completed. Two students conducted this initial phase in early 2013. The research was reviewed and subsequently presented to a meeting of stakeholders at a meeting of the Palm Beach County Community Health NETwork. This presentation served dual purposes to explore feedback and induce interest in the concept of the summit and MHIA. A roundtable discussion followed. The feedback and suggestion from this meeting served to gauge the level of interest in the association between housing foreclosures and mental illness and was used to inform and strengthen the planning process.

This meeting was followed with a discussion with the medical director of the Palm Beach County Health Department and the Executive Director of the Mental Health Association of Palm Beach County. This endeavor served to discover the level of buy-in from these committee members. These members expressed keen interest in the involvement of their respective organizations in the process of Healthy Communities conference. Furthermore, the interviewees assisted with developing a list of individuals with significant interests in these areas. In addition, these leaders provided resources and ideas for an agenda for the summit that would be most beneficial to the stakeholders and participants. For example, these interviews yielded ways in which to better couch the objectives of the summit for participants and the community. Concrete data points for mental health outcomes were highly valued, as was involvement of organizations associated with community development.

The information and feedback gained from this meeting was used in the second phase of research for project implementation which involved synthesizing data that was applicable to
particular stakeholder interests. Previous Healthy Communities conferences were explored to aid in the development of an agenda for the 2013 summit. The feedback and research were integrated into a more cohesive plan for the summit, providing insight into a steering committee for the conference.

By June 2013, funding sources should be obtained in order to secure the venue and begin the operational portion of the program. This is the limiting reagent in this project, as the summit planning would be unreasonable prior to means of execution. After that point, the concrete operational planning will begin with establishment of a steering committee. Potential members have been identified. Community partners who have previously collaborated with FPHI have expressed interest in being an integral part of this project. These include the Palm Beach County Health Department and the Mental Health Association of Palm Beach County. Additionally, representatives from the Federal Reserve Bank Atlanta - Miami branch will likely play a role, as this summit is an area in which the Federal Reserve has keen interest. Furthermore, FPHI is well connected in the community and will utilize these alliances to garner essential steering committee members. After these members join together, several dates will be established for planning meetings for the summit. Securing speakers and a venue will take place, followed by campaigning to encourage registration for the event across a broad array of sectors.

By January 2014, the Healthy Communities summit should be complete. Although the summit will be one day, the program date has not been set pending funding of the program. The summit should generate the groundwork and bulk of the MHIA to be conducted. The tangible, realistic actions generated by the summit will be carried out through existing coalitions and community partners. As the program planner and convener, FPHI will continue to monitor the state of health in the South Florida community, with regard to both housing foreclosures and mental health. This will be done with help from local affiliates, strengthened at the summit. Furthermore, the summit will act as a means of further publicizing the issue amongst the community. As a result of the increased attention, it is possible that this data may be easier to track. Lastly, South Florida benefits from the presence of several large universities with interests in medicine, public health, and community development. Some of these institutions are represented at the Palm Beach Community Health NETwork. A discussion with these affiliates raised the possibility that future work and data analysis could be tracked by students and professionals at these universities. For example, the National Institutes of Health is funding studies to augment and understand the implementation of projects and knowledge. This connection may be explored in the future.

Tentative Summit Agenda -

**Objective:** The aim of this project is to identify strengths, weaknesses, and interventions to target the associations between housing foreclosures and mental health. This will be achieved at the conference by means of four main steps in the housing foreclosure process and linking these to mental health interventions and outcomes. The four steps are adapted from the Federal Reserve and fused with the mental health aspect for the context of the summit (Federal Reserve Bank of San Francisco, 2013). These include the following:

Step one: Assess the foreclosure situation and the mental health situation within the context of the community.
Step two: Reach Troubled Homeowners and individuals with mental health illness that may be related to housing instability. What are their points of contact with the community, industry, healthcare, policy, and the law?
Step three: Establish post-foreclosure support systems.
Step four: How does mental health stabilize neighborhoods, Improve the health of the community?

**Method:** Multi-sectorial collaboration through introduction and evaluation of the problem, discussion and brainstorming, action plan for a MHIA will be the method. Discussion and collaboration are vital in this summit. In order to garner additional feedback, an evaluation will be distributed and collected at the conclusion of the summit.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>7:30</td>
<td>Check-In</td>
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<tr>
<td>8:15</td>
<td>Morning Plenary Session Welcome</td>
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<tr>
<td></td>
<td><strong>Healthy Communities Initiative: Conference Overview and National Perspective</strong></td>
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<tr>
<td></td>
<td>• Explain why the Federal Reserve is interested in the intersection between the community development and health sectors</td>
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<td></td>
<td>• Provide additional background and describe the relevance and timeliness of this event with regard to housing foreclosure trends</td>
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<tr>
<td></td>
<td><strong>Keynote Address</strong></td>
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<td></td>
<td>• Differences between a healthy vs. unhealthy community, importance of intersection of multi-sector stakeholders in foreclosures and mental health</td>
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<td></td>
<td><strong>Local Response and Q&amp;A</strong></td>
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<td></td>
<td>• Background on mental health and foreclosure in area</td>
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<tr>
<td>10:00</td>
<td>Break/Transition Time</td>
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<tr>
<td>10:15</td>
<td>Breakout Session</td>
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<tr>
<td>11:45</td>
<td>New Partners: Networking Lunch</td>
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<tr>
<td>12:45</td>
<td>Afternoon Plenary Session</td>
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<td></td>
<td><strong>Sector Collaboration: What Ingredients Are Needed to be Successful on the Ground? Call to Action</strong></td>
</tr>
<tr>
<td>2:15</td>
<td>Break Out Session</td>
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<tr>
<td></td>
<td><strong>Regional and Topic Focused Roundtable Discussions</strong></td>
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<td>• Collaboration between sectors to attempt to establish a common agenda, shared measurement systems, mutually reinforcing activities, and continuous communication</td>
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<tr>
<td>4:00</td>
<td>Closing Plenary Session</td>
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<td><strong>Next Steps: Where do we go from here?</strong></td>
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<tr>
<td></td>
<td><strong>Building Momentum: Workshop Discussion Highlights and Next Steps</strong></td>
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<td></td>
<td>• Reactions and Insights</td>
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<tr>
<td></td>
<td><strong>Closing Remarks</strong></td>
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</table>
The implementation of this program depends on the personnel at FPHI, as the agency will act as the convener and has experience with collaboration and HIAs. Debora Kerr, the Chief Operations Officer, currently functions as the primary project administrator. Chief Executive Officer Dr. Roderck King will play a crucial role in bringing together local stakeholders. In addition, Cristy Kovach Hom, Project Manager, will assist with project management and coordination. Furthermore, this program depends on the action and support of local stakeholders. A tentative list has been identified, as depicted below:

- Florida Public Health Institute, Inc.
- Robert Wood Johnson Foundation
- Federal Reserve Bank
- Florida HIA Consortium Steering Committee
- Pew Foundation Initiative in Health Impact Assessments
- Florida Department of Health
- The Mental Health Association of Palm Beach County
- Association of State and Territorial Health Officials
- National Network of Public Health Institutes (NNPHI).
- South Florida Regional Partnership Council
- Greater Miami Chamber of Commerce
- South Florida Healthcare and Hospital Association (SFHHA)
- Palm Beach County Community Health NETwork (CHN)
- United Way
- Large employers in the area (to look at absenteeism from work or unproductively at work – a marker of distraction - as a way of framing buy-in for workforce development).
- Financial advisors such as banks.
- Legal Aid
- Florida Health - Palm Beach County Public Health Department
- Sheriff’s Department - public safety.
- Primary care physicians - catch the population that may be “stressed” prior to mental health crisis (Community Health Centers?)
- Neighborhood Associations
- Legislators
- Mental Health Advocates

The summit and planned MHIA is resource intensive. As such, estimated expenditures for the program could total $60,000. Thus, part of the planning for this project involved working to secure funds for the summit. The funds, while pending, will likely come from the Robert Wood Johnson Foundation and/or the Kresge Foundation. Another crucial resource to this project exists in RealtyTrac, a website that is updated monthly regarding the most recent housing foreclosures in the state and the nation.

Proposed Budget for Building Healthy Communities: The Florida Housing Downturn and its Impact on Mental/Behavioral Health in our Communities. Regional Summit 2013, Miami FL.
Facilitation of stakeholder planning meetings  $25,000  
Summit breakout session  $10,000  
Operational Budget  $20,000  
Miscellaneous Expenses  $5,000  
TOTAL  $60,000  

IV.  **Plans for Sustainability**

As this project is large and multifaceted, there has been a team of individuals involved since the inception of the plan. FPHI, the coordinator of this plan, has several individuals, including the Chief Operating Officer and support staff, who will continue to coordinate and execute this project. Additionally, the stakeholders are the key to the success and longevity of this endeavor. As such, FPHI will maintain interest through the meetings of the Palm Beach Community Health NETwork, as well as other close partners.

Funding is a primary issue for this project. Part of the program planning project involved identifying and contacting various potential sources of funding. This included the Robert Wood Johnson Foundation and the Kresge Foundation. Letters of Intent were submitted to these foundations in order to assist with securing funds. The Letter of Intent will be forwarded to any other funding sources that become available.

Lastly, through public meetings and engaging the buy-in of community stakeholders, it appears that the notion that health outcomes and housing instability are linked is now on the figurative radar of the population. As such, these individuals have expressed interest in assuming part of the planning and execution responsibility.

VI.  **Reference List**


VI. Appendices

Appendix F: Site Orientation Questions

1. What are the mission and goals of this organization?

The Florida Public Health Institute (FPHI), acting as a neutral convener, works with various local, state and national leaders to develop public-private partnerships that provide recommendations and solutions to health-related matters to the community. Its mission is to “…advance the knowledge and practice of public health to promote, protect and improve the health of all.” This is achieved through health advocacy, community education, research, evaluation, health workforce training, and assessment.

2. What is the history of this organization?

FPHI was incorporated in 2006 out of the Miami Dade County Public Health Institute. It was originally fostered by the Miami Dade County Health Department (MDCHD). The MDCHD continues to provide administrative and operational support. However, in 2007, FPHI received a grant from the Quantum Foundation and the National Network of Public Health Institutes/Robert Wood Johnson Foundation to expand the Institute’s infrastructure and program development capabilities. At that time, FPHI expanded its board, developed a five year strategic plan, created and executed a sustainability plan, increased its funding sources, enhanced internal IT infrastructure and developed several projects for each of its five centers of excellence and health policy bureau. The original five centers included: workforce development; bio-preparedness and health system readiness; primary care and prevention; research, education and training; and a center for a sustainable environment and safe water.

3. What is the population that this organization/agency is designed to protect?

(That is, is it everyone in a certain geographic area, everyone in a certain economic level, everyone of a certain ethnicity or sexual orientation? How does this organization delimit the population that it is designed to protect?)

FPHI’s historical focus has been at the level of Miami-Dade, Broward and Palm Beach counties. However FPHI has expanded and engages in statewide and nationwide initiatives as presented. They work to serve a wide variety of public health needs to all ages and ethnicities, especially the underserved community such as those with depressed socioeconomic status and mental illness.

4. What is the scope of services or activities conducted by the organization?

FPHI is a multi-sector entity which works with many local, state and national leaders to develop public-private partnerships that provide recommendations and solutions to health-related matters for the citizens throughout Palm Beach County, Florida, and the nation. The goals of FPHI remain to advance the knowledge and practice of public health to promote, protect and improve the health of all.

5. What is the composition of the workforce of this organization? (size, demographics..)

FPHI runs around a core group of dedicated individuals with various backgrounds including physicians, public health professionals, nurses, allied health professionals, researchers, and business minded individuals. The core group includes: Roderick K. King, MD, MPH
Executive Director; Debora Kerr, Chief Operating Officer; Cristy Kovach Hom, LCSW, MSW, Project Manager; and Fay Glasgow, Administrative Assistant.

It also consists of a full group of Board Members including individuals associated with many county health departments, attorneys, public health professionals at University of Miami Miller School of Medicine, Nova Southeastern University College of Osteopathic Medicine, FAU/Scripps College of Medicine, Florida Atlantic University, Florida International University, as well as individuals tied to Florida’s tourism industry.

FPHI has brought together leaders from academia; city, county, state and federal government; foundations; business and industry and the local communities to begin the dialog of positive health system change. Partners include Nova Southeastern University, University of Miami, Florida Department of Health, Florida Public Health Association, County Health Departments, Florida Agricultural & Mechanical University, Florida Atlantic University, Florida International University, University of Florida, University of North Florida, University of South Florida, and Florida State University.

6. What are the principal funding sources of this organization?

FPHI receives a large portion of its funding from the aforementioned grant from the Quantum Foundation and the National Network of Public Health Institutes/Robert Wood Johnson Foundation. Other principle funders include the National Network of Public Health Institutes, Quantum Foundation, University of Miami Miller School of Medicine, Palm Healthcare Foundation, Inc., Community Foundation for Palm Beach and Martin Counties, Allegheny Franciscan Ministries, Inc., DentaQuest Foundation, National Association of County and City Health Officials.

FPHI also receives multiple grants from both governmental and private sources for individual project in health related policy and implementation.
## Appendix G: Student’s Work Plan

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Lauren Westafer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Florida Public Health Institute</td>
</tr>
<tr>
<td>Project Title</td>
<td>Mental Health and Housing Foreclosures</td>
</tr>
<tr>
<td>Mission of the</td>
<td>The Florida Public Health Institute (FPHI), acting as a neutral convener, works with various local, state and national leaders to develop public-private partnerships that provide recommendations and solutions to health-related matters for the citizens of Palm Beach County, the state of Florida and the national community. Its mission is to “…advance the knowledge and practice of public health to promote, protect and improve the health of all.”</td>
</tr>
<tr>
<td>Organization</td>
<td></td>
</tr>
<tr>
<td>Project Type</td>
<td>Program Planning</td>
</tr>
<tr>
<td>Project Description/Method</td>
<td>Create a codified plan and agenda for a summit in Miami on mental health and housing foreclosures locally and at the state level. This will include understanding stakeholder buy-in and synthesizing a strategy to ensure that this underlies the conference. Included in the project will be a presentation to a group of community public health members to gauge buy-in and obtain feedback to move this project forward. This will include working to secure funding sources and using the resources generated by the previous students to direct the project.</td>
</tr>
<tr>
<td>NSU Preceptor</td>
<td>Dr. Howell</td>
</tr>
<tr>
<td>Field Preceptor</td>
<td>Debora Kerr, MA, Chief Operating Officer of FPHI</td>
</tr>
<tr>
<td>Contact</td>
<td>Debora Kerr, MA 561-533-7909; <a href="mailto:DKerr@flphi.org">DKerr@flphi.org</a></td>
</tr>
<tr>
<td>Locations</td>
<td>1622 North Federal Highway</td>
</tr>
<tr>
<td></td>
<td>Suite B</td>
</tr>
<tr>
<td></td>
<td>Lake Worth, FL 33460</td>
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<tr>
<td>Resources</td>
<td>Debora Kerr, MA.</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse and Mental Health Services Administration</td>
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<td></td>
<td>Centers for Disease Control and Prevention</td>
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<td></td>
<td>Robert Wood Johnson Foundation, Federal Reserve Bank,</td>
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<td></td>
<td>W.K. Kellogg Foundation</td>
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<tr>
<td></td>
<td>Literature review of mental health and housing foreclosure - PubMed, Google Scholar, HPD Library</td>
</tr>
<tr>
<td>Skills Required</td>
<td>Pre-requisite coursework at Nova Southeastern University MPH Program: Epidemiology, Biostatistics, Environmental and Occupational Health, Legal &amp; Ethical Issues in Public Health</td>
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<tr>
<td>MPH Program</td>
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<tr>
<td>Competencies</td>
<td>Critically review and apply evidence-based evaluation of published medical and public health literature. (3)</td>
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<tr>
<td></td>
<td>Identify and discuss strategies for collaboration and partnership among organizations focused on public health goals. (12)</td>
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<td>Demonstrate the ability to discuss a public health problem substantively and scientifically, including demographics, geography, magnitude and time trends. (6)</td>
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<tr>
<td></td>
<td>Communicate public health information and issues effectively to health professionals, and the public, through diverse communication channels. (1)</td>
</tr>
<tr>
<td>Timeline/Schedule</td>
<td>February -March 2013</td>
</tr>
<tr>
<td>Staffing/Meetings</td>
<td>Weekly</td>
</tr>
<tr>
<td>Output</td>
<td>Program Plan - I will be working under Deborah Kerr with the FPHI staff in planning a summit to address and understand mental health and foreclosures in Palm Beach County and Florida. This will consist of a presentation to members of the public health community with facilitated discussion, creation of an agenda and codified plan for the summit including issues to be addressed and workplan that will have the buy-in of the stakeholders and potential funding sources.</td>
</tr>
<tr>
<td>Public Health Discipline</td>
<td>Health Services Administration/Management, Behavioral Health</td>
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<td>--------------------------</td>
<td>-------------------------------------------------------------</td>
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<tr>
<td>Limitation</td>
<td>This project’s primary limitation exists in the abbreviated time frame in which the student will be involved. However, the products of the project will live on through the project in the months and years to come. The FPHI has multi-year, longitudinal plans in place to establish an ongoing program within the mental health and housing community through the Federal Reserve and RWJF. This limitation will be combated by working with multiple individuals within the agency and finishing parts of the project in a linear and coherent fashion in order to establish a continuum of care and sustainability in turnover.</td>
</tr>
<tr>
<td>Expected Outcomes</td>
<td>Student will understand the issues facing mental health the relationship to the housing foreclosure crisis for the state of Florida, compared with other geographic locations in the United States. These findings will be presented in a clear, coherent, and concise manner to stakeholders and grant reviewers in order to implement the summit program as planned.</td>
</tr>
<tr>
<td>Comment</td>
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</tbody>
</table>
March 2013

To: Pioneer Portfolio and the Office of Proposal Management  
   Robert Wood Johnson Foundation  
   Route 1 and College Road East  
   P.O. Box 2316  
   Princeton, NJ 08543-2316  
   (877) 843-RWJF (7953)

Ref:

Project Title: Building Healthy Communities: The Florida Housing Downturn and its Impact on Mental/Behavioral Health in our Communities. Regional Summit 2013.

Applicant: Florida Public Health Institute, Inc.

Principal Investigators:

   Debora Kerr, Florida Public Health Institute
   Names
   Names

Lead PI:

   Name
   Title
   Florida Public Health Institute, Inc.
   1622 N. Federal Highway, Suite B
   Lake Worth, FL 33460
   Phone: 561-533-7909
   Fax: 561-533-7966
   Email:
   Web Page: www.flphi.org
Statement of Purpose

Through its Healthy Communities initiative, the Federal Reserve Bank and the Robert Wood Johnson Foundation (RWJF) have begun exploring the intersection between community development and health and are encouraging cross-sector and place-based approaches to low income neighborhood revitalization. Using a series of Healthy Communities conferences, the Federal Reserve Bank and RWJF have brought together multi-sectoral community stakeholders including health, housing and community development.

The Florida Public Health Institute (FPHI) has been in discussion with the Federal Reserve and RWJF representatives and, with their support, plans to bring this initiative to Florida to convene a regional Healthy Communities summit in Miami in November 2013. The purpose of the summit is to explore the emerging connections between Florida’s high rate of housing foreclosures, community mental health, and the implementation of policy changes to combat these worsening issues. Because Mental Health Impact Assessment (MHIA) is an innovative use of traditional HIA and the Health in All Policies approach, this project will enhance FPHI’s growing body of work in HIAs and integrate well with the newly formed Florida HIA Consortium with national expertise in this new and focused approach to HIA.

As the governing body of the statewide HIA Consortium, FPHI is positioned to maximize this strategic partnership summit opportunity to further the goals and activities of the HIA Consortium and leverage the Consortium to advance the goals of this NNPHI project. The Consortium is operating in its beginning stages and has formed a steering committee that participates in monthly calls. FPHI will engage this committee in the planning and facilitation of a series of summit planning strategic partnership and MHIA meetings that will plan the November 2013 Healthy Communities multi-sector summit to focus on the community mental health effects of foreclosure. FPHI will use the Federal Reserve Bank’s Healthy Communities initiative model to convene multi-sector stakeholders with an interest in revitalizing communities to promote better health. In addition, FPHI will use the insights from the Stanford Review Collective Impact article (1) in addition to the well-established Results Accountability Framework (2) to support broad cross-sector collaboration as a vehicle for social change. These frameworks, used nationally and internationally, requires the collaborative group to create and implement a common agenda, shared measurement systems, mutually reinforcing activities, and continuous communication. A strong coordinating organization such as FPHI is needed to support such an initiative and facilitate leaders to take aligned actions for measurable results.

FPHI will utilize its expertise and role as a neutral convener to provide a forum for diverse stakeholders to explore the connection between the consequences of high rates of foreclosure that include changes in public safety (including walkability) and criminal activity; depression, anxiety, mood disorders, ADHD and parenting behavior and the developmental, academic, social and emotional effects of housing foreclosure on children and adolescents. Oftentimes foreclosed homes go vacant leaving behind breeding grounds for drug use, criminal activity, and other unwarranted behaviors resulting in a more dangerous community and further chronic environmental stressors to its inhabitants.

A literature review on the topic shows a growing body of knowledge on the connections between mental health and housing status. For example, Pollack did a cross-sectional and case-control study on the health status of people undergoing foreclosure. In both studies he found that overall and mental health was worse in the foreclosure group, and there was also more medical nonadherence. (3, 4) In addition to worse or more symptoms of major depression, Alley et al also found an increase in medical nonadherence in a cohort of Americans over age 50 in mortgage delinquency. (5) Cannuscio et al found a positively graded relationship between degree of housing strain and mental/physical health; this association persisted even after adjusting for income, possibly indicating that the adverse effects on health go beyond inadequate financial resources. (6) A prospective study by McLaughlin et al found an increase in the number (or severity) of symptoms of major depressive disorder and/or generalized anxiety disorder, as defined by the
DSM-IV, in the foreclosure group compared to non-foreclosure group. The study also found those with previous psychiatric medical history was at an increased risk. (7) A recent study by Burgard et al found a higher prevalence rate of depression and/or anxiety in people undergoing foreclosure with a higher incidence rate of acute bouts of depression and/or anxiety. (8) These studies, published between October 2009 and December 2012, indicate that the housing crisis may represent an under-recognized public health problem.

The state of Florida and the South Florida counties of Miami-Dade, Broward and Palm Beach remain ideal candidates for this project. Even as the nation begins its recovery of the 2008 recession, Florida’s foreclosure rates continue to rise. RealtyTrac, Inc., reports an increase in Florida’s foreclosure activity on a year-to-year basis for the seventh consecutive year. As well, in December 2012 Florida (26,588) overtook California (25,925) for the highest total number of foreclosures despite half the population. Florida also has the highest foreclosure rate in the nation at one foreclosure per 338 housing units, which equates to 29.6 per 10,000 housing units.

Mental health services in the state of Florida also show a marked improvement in social connectedness and improved functioning from their services; reported at 94.9% and 85% respectively in children and 83.8% and 84.1% respectively in adults. These are both well above national averages showing that mental health interventions can be considered highly successful in the state of Florida.

As part of our planning efforts, FPHI Chief Operating Officer, Debora Kerr attended the Federal Reserve Bank Minnesota Healthy Communities Conference in October 2012 giving FPHI the opportunity to further assess and discuss our ability to bring this initiative to Florida. At this conference, FPHI shared information on its statewide HIA efforts including Consortium formation and growth in the areas of HIAs for climate change, access to healthy food strategies and transportation. Ms. Kerr discussed the value of working with public health institutes on multi-sectoral initiatives with individuals from the Federal Reserve and community development sector. After this initial conference, FPHI and its partners will ascertain what other areas throughout the state should host similar gatherings, tailored to each region, and will engage in action planning to address any differential impact of Florida’s foreclosures on the mental health of Florida’s population.

Budget Summary

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<th>Building Healthy Communities: The Florida Housing Downturn and its Impact on Mental/Behavioral Health in our Communities. Regional Summit 2013, Miami FL.</th>
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<tbody>
<tr>
<td>Facilitation of stakeholder planning meetings</td>
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<tr>
<td>Summit breakout session</td>
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<tr>
<td>Operational Budget</td>
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<td>Miscellaneous Expenses</td>
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Intended Benefits to Community

Unlike many other conferences, the goal for the planning process and Healthy Communities summit is to facilitate a series of results oriented discussions in which multi-sector stakeholders move from talk to action for measurable results. A direct outcome of this summit will be the formulation of a collaborative alliance with an initial focus on the connection between foreclosure and mental health and the initial elements for a blueprint стратегic plan for change. This collaborative alliance will work with other established ongoing coalitions in order to maximize its efforts. In addition, this summit will produce a
first draft of a report the encapsulates the current environmental context of the mental health effects of South Florida’s housing crisis and initial action steps on how to begin to address this issue. It is the goal of this summit to begin action oriented Mental Health Impact Assessments for the Florida community.

**Proposed Partnerships**
Florida Public Health Institute, Inc.
Robert Wood Johnson Foundation
Federal Reserve Bank
Florida HIA Consortium Steering Committee
Pew Foundation Initiative in Health Impact Assessments
Florida Department of Health
The Mental Health Association of Palm Beach County
Association of State and Territorial Health Officials
National Network of Public Health Institutes (NNPHI).
South Florida Regional Partnership Council
Greater Miami Chamber of Commerce
South Florida Healthcare and Hospital Association (SFHHA)
Palm Beach County Community Health NETwork (CHN)

**References**