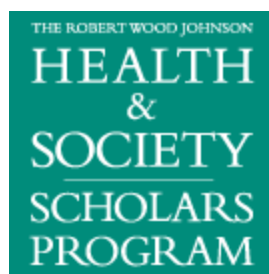


A place to call home: *secure housing as a keystone of young people's health*

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In its ideal, home is more than just bricks and mortar and a roof overhead. Home is a resource that connects us to our families, schools, jobs, and essential resources like health care. Home is a constant in an unpredictable world, a safe haven. Home is a point of pride, a place to welcome guests and to be welcomed, and a base from which all journeys begin. Home is also a place to return to—a place to rest one's head.

For many of Philadelphia's youth, home falls far short of this ideal. One out of five Philadelphia public school-children had experienced an episode of homelessness by second grade, according to one study,¹ and families with very young children (ages 0-4) constitute a rapidly growing segment of Philadelphia's homeless population. More than 3,500 of Philadelphia's children and youth were homeless in 2009. Still more common is housing insecurity—defined as spending more than one third of monthly household income on housing costs. Minimum wage virtually assures housing insecurity: a family that works full-time earning minimum wage will spend more than 30% of their income to pay fair market rent in Philadelphia and in every city or region across the United States.²

Secure, affordable housing is a prerequisite for healthy development in childhood, adolescence, and young adulthood. This issue brief explores the ways in which housing insecurity and homelessness undermine the health of young people and their families.

Why does housing matter so much for young people's health? Housing insecurity and homelessness are linked to impaired physical and mental health in children and youth, as well as to poorer developmental, behavioral, and educational outcomes. The costs of childhood housing insecurity and homelessness may extend into adulthood, with sustained effects on both health and social functioning. A range of insults to health accompany housing insecurity, including increased individual and family-level stress and exposure to adverse environmental conditions ranging from lead paint to neighborhood violence. In addition, families living in poverty or spending a disproportionate share of their income on housing are often forced to make stark resource trade-offs, choosing whether to forgo housing, food, or health care—all of which are universal human needs with demonstrated importance to health.⁴ Often, housing insecurity and homelessness coexist with other factors that create risks to health and wellbeing, including mental illness, drug and substance abuse, and community violence. It is the combination of these factors that can push a person—or a community—into poor health. In the pages that follow we offer concrete examples and evidence of how housing insecurity and homelessness undermine the health and wellbeing of our children and youth.

How we define housing insecurity and homelessness

In this report, we define housing insecurity as lacking access to an affordable, stable home of one's own. Both renters and homeowners may experience housing insecurity, for example when they are forced to spend more than a third of their income on housing related costs. Homelessness represents the most extreme end of the spectrum of housing insecurity. According to the official federal definition, homeless individuals lack a "fixed, regular, and adequate nighttime residence." Additionally, individuals are homeless if their regular nighttime residence is a shelter or institution providing temporary residence or any place not designed or ordinarily used for sleeping.³

How we define health

We subscribe to the WHO definition of health: "Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity." In other words, health entails having a sound mind, in a sound body, in social conditions that allow one to live the life one hopes to live.

Physical Health and Health Care Utilization

Housing insecurity and homelessness are associated with a range of adverse physical health outcomes among children and youth. These health effects include poorer self-rated (or parent-rated) health and higher rates of infectious disease and chronic disease. In addition, homeless children and youth are more likely to be exposed to environmental contaminants that contribute to poorer health. The increased burden of illness among housing-insecure and homeless populations is particularly concerning because these children and youth lack access to consistent, affordable medical care.

Homeless parents are more likely to say their children are in poor overall health.

Studies often evaluate young children's physical health by asking parents to rate their child's health as excellent, good, fair, or poor. A study in Worcester, Massachusetts showed that homeless mothers were almost three times more likely than poor, housed mothers to report that their child was in fair or poor health.⁵ Family income below 200% of the federal poverty level, low household education, maternal mental health problems, and unsafe neighborhoods were also significant predictors of fair or poor child health in a nationally representative phone survey.⁶

In Pennsylvania, 14% of homeless families reported that their children had severe health problems, compared to 6% of middle-income families.⁷ A citywide study of families in Philadelphia shelters was consistent with the state rate. Fifteen percent of mothers reported their children were in fair or poor health.⁸

Crowded living conditions, either in shelters or doubled-up homes, may put homeless children at elevated risk for infectious disease.

Homeless children reported more acute illness symptoms like fever, diarrhea, and ear infections than poor, housed children in a study comparing the two groups.⁵ Another study conducted at a pediatric emergency department in Washington D.C. found that, when children visited the emergency room, homeless children had more severe symptoms like lower respiratory problems and minor trauma, compared to the less-severe ear pain and gastrointestinal complaints common among housed children. In addition, the same study found that homeless families were more likely to delay immunizations and a tuberculosis skin test.⁹

A survey of homeless mothers in Philadelphia found



Along with the wide-ranging health issues faced by disadvantaged youth, lack of health care access is another threat to wellbeing. Photo by Mural Corps youth.

that, in the past month, 37% of homeless children had gastrointestinal illness, 24% had a cough and fever, and 20% had an ear infection.⁸ In 2009, 74% of children admitted to Emergency Housing in Philadelphia had up-to-date immunizations.¹⁰

Homeless children report higher rates of chronic disease like asthma and suffer greater exposure to environmental contaminants like lead. A study in New York City found that 31.5% of homeless children had asthma,¹¹ compared to 9.6% of children nationally.¹² In Pennsylvania, homeless children were also almost twice as likely to have asthma.⁷ In addition, homeless children were considered a risk group for anemia and elevated blood lead levels.¹³ Seven percent of homeless children in Philadelphia shelters had elevated lead levels in 2009, compared to Philadelphia's average of 2.9%.¹⁰

Children who are homeless or are in unstable housing have more health problems than their peers who have stable housing. They also have less access to quality health care. In a comparison study of homeless and housed children, homeless children were significantly less likely to have a regular health care provider.⁵ Children's Hospital of Philadelphia's Homeless Health Initiative (HHI) found that, of 114 children in Emergency Housing, 90% had health insurance, but only 73% had a primary care provider.¹⁴

Both homeless⁵ and housing-insecure¹⁵ children were more likely to visit the emergency room than their stably-housed peers. Housing instability was independently associated with postponed medical care and medications for children,¹⁵ and cost-related healthcare non-adherence in adults.¹⁶ This paints a picture of families who delay health care to pay their rent.

Even after their families find housing, a study analyzing the long-term consequences of homelessness found that formerly homeless children were more likely to receive care at a hospital, school, or public health clinic instead of a private doctor. Even worse, 14% of formerly homeless children used the emergency room as their primary source of health care.¹⁷ Formerly homeless children were also significantly more likely to have had a serious injury in the past year.¹⁸



Youth took pride in their own health, drawing strength, positive identity and focus from their success in sports. Photo by Mural Corps youth.

“ I took a picture of my shower curtain and the majority of the bathroom to show cleanliness, and that even though we have our problems I don't let it get to my body. I just keep myself up because my mom told me that I had depression, and it can show. I don't let it get that far, to where you can see it, physically. So I took (this picture) to show cleanliness. And progress too.

-A Mural Corps participant on taking care of oneself despite troubles

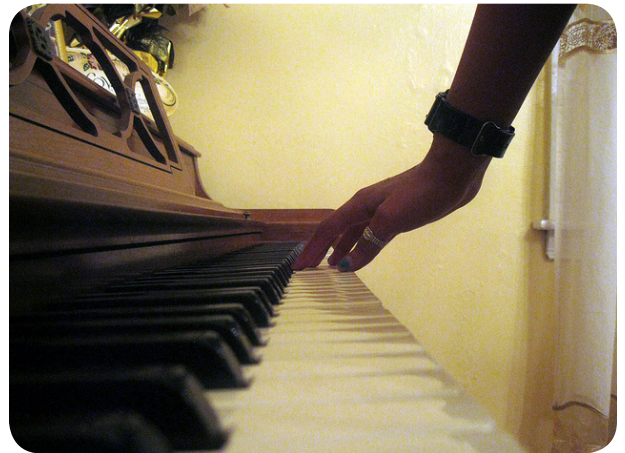
Mental Health

Children and youth become homeless for many and different reasons—they may become homeless along with their family or may choose to leave home because of family conflict or factors related to life history, such as abuse. An examination of the literature supports an understanding that homelessness alone is not the primary factor driving mental health instability among youth. A homeless child who has family support and adequate resources may do better than a homeless child who also suffers from other risk factors (e.g., physical abuse and maltreatment) or is exposed to multiple negative life events (e.g., changes in maternal mental health status, incarceration or death of a parent, witnessing violence). Once homeless, children and youth often experience a high degree of comorbidity. Studies have shown that the majority of homeless youth have at least one mental health problem, and many have more than one. The longer the youth remain on the streets, the greater the risk for developing alcohol or drug disorders.¹⁹ One study described the process of acculturation of youth on the street, which encourages engagement in risky behaviors and distrust of systems put into place to help these youth, such as clinics and shelters.²⁰ Gay/lesbian/bisexual/transgender (GLBT) youth and youth who have aged-out of the foster care system are at particular risk of the negative mental health consequences of living on the streets.^{21,22}

What are the reasons for leaving home? One study reported that young people display “an active sense of agency with respect to decisions to leave home.”²³ Their decisions to run away were linked to family relations and life history of maltreatment. More than half cited physical abuse and half cited intense familial conflict as important factors contributing to their decision to leave home.²³

Homelessness, in combination with multiple other risk factors, can jeopardize the mental health of children.

Children who are or have been homeless are often exposed to multiple risk factors in addition to housing insecurity, including parental substance abuse, mental illness, or domestic violence. The interplay of homelessness and these additional risks can influence a child’s mental health status. Supportive housing is one method to address these multiple coexisting risks. In a study involving chil-



Music was a source of solace and inspiration for many of the youth interviewed. Photo by Mural Corps youth.

“Peace, peace in the household... a lot of parents need to understand that your child needs peace when they come home. They shouldn’t come home and hear arguing with the father or the mother. It’s, it’s just wrong. Even if, even if they don’t like each other, they should at least act more civilized just because the child is home. Because if he hears them arguing, then he’s depressed, and then he goes to school, and he’s depressed, and he can’t focus on his school work. And then the parents wonder why he can’t focus on his school work, and then he gets punished, and then he’s more depressed.

-A Mural Corps participant on peace in the home

dren in supportive housing, participants appeared to have excellent access to medical care but some persistent educational needs and significant mental health concerns.²⁴ However, support services are not typically provided in an efficient or systematic way.

An extensive review of 26 articles on urban adolescents emphasized the relationship between community violence exposure and anxiety and depressive symptoms, as well as a moderate-to-strong relationship between community violence exposure and aggression. One study found that social support was a protective factor for adolescents exposed to community violence, and that parental mental health moderated the association between community violence exposure and post-traumatic stress.²⁵

Life events, rather than homelessness alone, are significant predictors of mental health among children and youth. One longitudinal study compared homeless with poor, housed families, examining whether children continued to experience adverse consequences of homelessness long-term, after they and their families were re-housed. While there appeared to be no difference in health status or hospitalization rates by housing status, there were significant differences in sources of health care. Negative life events were the greatest predictor of mental health issues.¹⁷ Another study supports previous work showing that housing instability does not necessarily predict behavioral or emotional problems among school-aged children, but that life events other than homelessness (e.g., changes in maternal post-traumatic stress disorder symptoms [PTSD]) were associated with reduced wellbeing among children.²⁶

Mental health problems and substance abuse commonly co-occur among homeless youth. One study assessed mental health problems among youth and young adults and whether these problems were associated with increased risk of alcohol and drug use disorders. The study showed a high degree of comorbidity. The great majority of respondents had at least one mental health problem (i.e., depressive symptoms, ADHD symptoms, suicidal thoughts, attempted suicide, self-injurious behavior, low self-esteem, and alcohol/drug abuse disorders), and 30% had three or more of these problems. Male youth had a higher risk of alcohol disorder, and respondents who had been homeless at least one year

“ My whole life, I really don't feel like I've had that love that I always wanted. I mean like my dad, he was doing... illegal stuff. You know, my mom passed away when I was eight and that was my closest person to me. So, like, I feel like I grew up since I was eight years old. I learned how to cook, clean. And I had to drop out of high school, you know, to pay rent for the house because my dad... doing stupid stuff. I mean, like, I had to really become grown. Like my teenage years is mostly me working.

-A Mural Corps participant on factors that put youth at risk for homelessness

“ I don't feel that I should involve other people with my problems.... I don't want to feel like, like I'm added to the list. Like, I bet other people probably came to them, and they have to help them. And I don't want to be part of the list, or they have to worry about me when they have their own things to worry about.

-A Mural Corps participant on the challenges of asking for help

had a higher risk of alcohol or drug disorders. Suicidality, self-injurious behavior, and low self-esteem were all associated with higher risk of drug or alcohol disorders.¹⁹

Risky behaviors reflect street life culture. One study examined the social and cultural context of street life among homeless youth. Street youth described a process of acculturation that included taking part in risky behaviors such as drug use and selling and prostitution. Street youth also described a belief system that supported survival and included developing a distrust of “mainstream” people and institutions that might in fact be sources of support for health and wellbeing, such as police, clinics, and shelters.²⁰ Another study showed that supportive services had a positive impact in short term but not necessarily in long term.²⁷

Several sub-groups of youth are at higher risk of negative consequence of homelessness, including GLBT youth, as well as youth who have aged-out of the foster care system. One study examined differences between GLBT homeless youths and heterosexual youth in terms of physical and mental health difficulties. While GLBT and heterosexual youth left home for similar reasons, compared to heterosexual youth, GLBT youth experienced more physical and sexual victimization, used significantly more illicit drugs, reported higher levels of depressive and other mental health symptoms, and reported a higher lifetime number of sexual partners.²¹ Youth who had aged-out of the foster care system were less likely to have a high school diploma or GED, less likely to be employed, and are at greater risk for housing instability.²⁸ Rates of mental health and behavioral issues were higher among former foster youth than for the general population.²²



One young woman described the discord in her family home. Art and her private bedroom space were her only refuge. Photo by Mural Corps youth.

“ Being there is like stressful, so for me to be able to get away, I feel much better, cleanse my mind. It’s a roof over my head, cold and hot water, shower when I need it, bed, food. Even though the food is not the greatest, it’s all there. I don’t have to worry about being put out, but it’s home for now until I get my home.... It has its days. You just want to get away from there. You’re just tired of seeing the olive green walls, so it’s just like when I can, I run out of them doors.

-A Mural Corps participant on being in a shelter

Food Insecurity



Low cost, low nutrition foods are often the only accessible option for disadvantaged urban families and their children. Photo by Mural Corps youth.

According to the United States Department of Agriculture, household food insecurity is “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”²⁹ Food insecurity has two levels. Households with low food security reduce the quality of their food but not the quantity, while households with very low food security must reduce their quantity of food.²⁹ Housing instability and food insecurity go hand in hand, and limited access to appropriate food intensifies the health implications of inadequate housing.

Food insecurity is a local problem. In Pennsylvania, 9.8% of households have food insecurity,³⁰ and about 13% of the state population receives the Supplemental Nutrition Assistance Program, formerly known as food stamps.³¹ In Philadelphia, the proportion is higher. Twenty-eight percent of residents, or 440,000 people, receive SNAP benefits. Another 150,000 Philadelphia residents are eligible but not enrolled to receive this benefit.³²



Youth mentioned food as a central component in family celebrations and ethnic identity. Photo by Mural Corps youth.

Food insecurity and housing instability often coincide and influence each other.

Nationally, about 38% of people who received food stamps also received housing assistance, and about 30% of people who received housing assistance also received food stamps.³³ The number of housing problems that a family experienced was a significant risk factor for child hunger,³⁴ and children in food-insecure households without housing assistance were more likely to be underweight.² A study of homeless and poor, housed families in Worcester, MA found that 56.2% of children experiencing severe hunger were also homeless.³⁵

Food insecurity influences child health and family health care utilization.

A nationally representative study showed that families with food insecurity were more likely to postpone medical care and medications, and their children were less likely to receive the recommended number of well-child visits.¹⁵ Children with severe hunger had about twice as many chronic health conditions, higher anxiety scores, and more stressful life events. Meanwhile, mothers of these children were more likely to be disabled by conditions like PTSD, substance abuse, depression, or anxiety disorders, posing an additional challenge to families trying to overcome food insecurity.³⁵ Finally, a study that defined hardship as an index incorporating measures of housing, food, and energy insecurity found increasing hardship for children associated with worse overall health and increased developmental risk.³⁶



Several youth participants talked about their own focused efforts to live healthier lives and bring nutritious food into their homes. Other youth talked about empty refrigerators and cupboards at home. Photo by Mural Corps youth.

“ One time, we didn’t have any food, we spent money on the bills or whatever, and it was like, “Dang, we forgot to get food.” And so my Dad was like, “You know what, forget it”... There was tomatoes in there, half of them was molded, and the cucumbers was molded, and we had one packet oxtails left over. And my dad took those oxtails, and some of them was frostbitten, and he took that part off.... The tomatoes that have mold on them, he cut off the pieces with the mold, and he chopped up the piece that wasn’t molded, and he made a meal for at least like three days. And I was like, “Dang, Dad, how did you do that?” I mean the refrigerator looks like I wouldn’t want eat nothing out of that, but I was like, even before he was making it, I was like, “Dad, I’m not eating that, Dad. That’s nasty.” He was like, “Well, that’s your loss. You just won’t be eating.”

-A Mural Corps participant on making do with minimal food

Violence, Stressful Life Events, and Behavior



Some youth talked about supportive family members with admiration and gratitude for the stability they represented. Other youth talked about their longing for family support, acceptance and love. The youth were resourceful in seeking support from willing adults – extended family, friends, teachers and neighbors. Photo by Mural Corps youth.

Homeless youth are often exposed to violence, fear violent victimization, and may become the perpetrators of violence. The longer a person has been homeless, the more likely it is that he or she has been a witness to, a victim of, or a perpetrator of violence.³⁷ Homeless youth endure especially high rates of emotional, sexual and physical abuse in childhood. In one study of shelter-dwelling urban youth, more than half of respondents had experienced all three types of childhood maltreatment.³⁸ The same study found that 73% of homeless youth had been victimized by an intimate partner, and that 32% had themselves perpetrated intimate partner violence.³⁸ Homeless children experience more stressful life events than children who are continuously housed,³⁹ and children's expression of distress has been shown to be related to the cumulative count of negative life events as well as their mother's reported level of distress.⁴⁰

The longer a person is homeless, the more likely he or she is to be affected by violence. One study explored homeless youths' histories of exposure to violence, perpetration of violence, and fear of violent victimization, and the relationship of these ideas across demographic variables such as gender and age. Cumulative length of time homeless was positively associated with all violent exposure variables. Subjects who had been homeless three years or more were more likely to have witnessed violence; to have been

victimized; or to have perpetrated violence than youth who had been homeless less than three months.³⁷ In one study, more than half of shelter-dwelling urban youth had experienced all three types of childhood maltreatment considered in the study: physical, sexual and emotional abuse. All three types of childhood maltreatment were more common among families that reported exposure to community violence.³⁸

Stressful life events can have cumulative and negative effects on homeless children. One study looked at the characteristics of homeless and low-income housed preschool-aged children to identify family and environmental determinants of their behavior. Findings showed that homeless children had more stressful life events in the past year; had more care and protection investigations; had poorer health, based on maternal report; had more hospitalizations; and scored higher on the externalizing behaviors scale (indicating frequency of “acting out” behaviors). Lifetime history of physical abuse and death of a childhood friend were also predictive of children’s behavior.³⁹

A homeless mother’s level of distress can deeply affect child behavior. Findings in one study showed that homeless mothers’ reported levels of distress were strongly associated with more behavior problems among children, especially internalizing problems like anxiety, depression, and withdrawn behavior. Again in this study, the cumulative count of negative life events like death of a friend, witnessing violence, and frequent arguments between parents was positively associated with internalizing and externalizing problems in children. A child’s history of physical or sexual abuse predicted externalizing problems but not internalizing problems, and housing status was associated with internalizing problems but not externalizing.⁴⁰ In a separate study that examined the prevalence, co-occurrence, and inter-correlations of self-reported psychosocial risk factors, housing instability had the highest proportion of pregnant women scoring at high risk. Housing instability was significantly correlated with 11 other risk domains, including food insecurity, depression, and alcohol use.⁴¹

“ I just want an apartment in a nice neighborhood. It don’t have to be too nice, but a neighborhood, that... I don’t have to hear someone getting shot like almost every day. Like, that’s the type of neighborhood I want.... Like that’s the type of neighborhood I grew up in.... I really feel like I’m messing up as a father for the simple fact that, my son right now, I feel like, has it worse than I had. And that’s something I don’t like. And you know I’m trying my hardest; I’m trying my best. But the little money I have, it has to go to the rent, diapers, Pampers, wipes. You know, and by the time all that’s done and over, I’m only left with like \$20....

-A Mural Corps participant on living in a violent neighborhood



For many of the youth interviewed, their own children, nieces and nephews represented hope and joy – as well as a call to responsibility. The financial challenges of raising children weighed heavily. Photo by Mural Corps youth.

What do we mean by externalizing and internalizing behaviors?

Externalizing behaviors include aggression, delinquency, and hyperactivity. Externalizing behaviors in childhood have been associated with later juvenile delinquency, adult criminal activity, and violence.

Internalizing behaviors include withdrawal from social activity, somatic or bodily complaints, and symptoms of anxiety or depression. Children who exhibit internalizing behaviors are more likely to become anxious or depressed adults.⁴²

Multiple risks can also negatively impact educational status of homeless youth.

One study used a developmental-epidemiological approach to examine the impact of type and amount of multiple early risks on educational outcomes across an entire second grade cohort of urban, public school students. Risks included biological birth risk, low maternal education, poverty, homeless experience, and child maltreatment. Findings showed that regardless of the type of risk, each additional risk contributed to poorer behavioral outcomes (e.g., learning behaviors and social skills).¹

“ The way I feel about my family, I take it to school, and then it shows in my schoolwork and my friends. If I’m not feeling in the right mood when it comes to family, and it reflects on how I feel about my friends, so I keep to myself. So lately I’ve been getting a little worse. I’ve been trying to separate my feelings and not take it out on anyone else, but it’s hard balancing.

-A Mural Corps participant on how conflict at home spills over into other domains of adolescents’ lives



Violence threatens the life chances of our city's youth.
Photo by Mural Corps youth.



A quiet, safe room or space of one's own figured prominently in youth's descriptions of the ideal of home.
Photo by Mural Corps youth.

Alcohol and Drug Use

Alcohol and other drugs are important components of the health-related consequences of housing insecurity and homelessness. This is a two-way street: alcohol and drug use may both contribute to the risk of becoming homeless or housing-insecure and result from housing insecurity and homelessness.

Housing insecurity and homelessness strongly predict the likelihood of using illegal drugs and alcohol. Estimates of injection drug use among homeless youth ranged from 4%⁴³ to 17.1%⁴⁴ to 33.3%.⁴⁵ Street youth used all substances at a higher rate than shelter youth, and both groups used illicit drugs at a considerably higher rate than never-homeless youth. In fact, a national survey comparing homeless youth in shelters, on the street, and youth who were never homeless found that 54.7% of street youth used illicit drugs, compared to 33.7% of shelter youth and 12.9% of never-homeless youth.⁴⁴

A study of homeless youth in Hollywood, California found that youth who were homeless for one year or more had a significantly higher risk of alcohol and drug disorders. Youth with suicidal thoughts or self-injurious behavior like cutting were almost four times more likely to have a drug disorder, and youth with depressive symptoms or low self-esteem were about twice as likely to have a drug disorder. Low self-esteem, suicidal thoughts and self-injurious behavior were also associated with an increased risk of alcohol disorder.¹⁹ In addition, homeless GLBT youth living on the street used significantly more cocaine/crack, either alone or mixed with amphetamines, and speed or crystal methamphetamines than did their heterosexual peers.²¹

A longitudinal study of youth receiving services at shelters in Missouri, Nebraska, Kansas, and Iowa found that residing in a shelter can have a beneficial effect on substance abuse. In this study, substance use decreased significantly between six weeks and three months after admittance to the shelter.²⁷

“ A couple years ago their block was a drug infested block.... A lot of slinging going on around here. I guess they put [a sign up saying “no guns, now peace”] just to let people know that... they are watching.... Let us know that they are here, or you know, we’re not by ourselves.... Yes it was a mess, a mess, but it was a mess, it was a mess, like people was not caring, like how they look, how the block looked.... It was a mess back then, but now it’s just like coming together slowly but surely.... ‘Cause the law is starting to get involved. They started putting cameras up and stuff like that. So yeah, I say it’s a change, it’s a change.

-A Mural Corps participant on what it’s like to grow up near drugs

Having an unstable housing situation is a risk factor for initiation of drug use.

In a six-month longitudinal study of street youth in San Francisco, California, 11.4% of youth started using injection drugs for the first time. Youth who were older than 21 or in “disequilibrium” were significantly more likely to initiate injection drug use.⁴⁶ Disequilibrium is a stage of homelessness characterized by a disaster that threatens a youth’s ability to continue living on the street, such as assault, illness, or being left by their street partner.²⁰

Use of illegal drugs also predicts the likelihood of engaging in high-risk sexual behaviors.

While injection drug use itself is an important factor for HIV transmission, drug use (injected or otherwise) is also associated with a range of sexual risk behaviors that present additional modalities for the spread of HIV. Overall, illegal drug users are more likely to have had a sexually transmitted infection (STI) in their lifetime. Heavy alcohol users and females who use injection drugs are more likely to have multiple sex partners.⁴⁷ One study found significant correlations between substance use and sexual risk behaviors, including having more lifetime partners, inconsistent condom use, survival sex (sex in exchange for money, food, shelter or drugs), and sex with a partner who uses intravenous drugs or has an STI.⁴³



Youth talked about the ways in which vacant houses became homes for squatters or makeshift clubhouses for young people in search of places to call their own. Photo by Mural Corps youth.

“ I don’t talk to my dad no more.... I don’t really have no other family to turn to. You know I’ve been in Philly for three years by myself.... Even though my dad told me I wasn’t going to be nothing.... I was just going to be another gangster on the street, selling drugs.... But it’s like I look back, and it’s like I’ve really proved my dad wrong. I haven’t sold drugs for like two years. I feel like that’s amazing for us. Especially for me. I mean it might not sound amazing for y’all, but I mean, for me it is.... I’ve done it for so long, and it’s such a shame. I did it since I was little—like since I was 13. My dad was the one was telling me to go sell this, that, and the third to certain people. I find it amazing. I feel so much better now than what I did before, like even though money is coming slower. But still I feel like I don’t have to watch my back no more, don’t have to worry about me getting locked out. Because now I know everything is right and legit.

-A Mural Corps participant on lack of support from family

Sexual Risk Behaviors

Among youth, housing insecurity and homelessness are strongly related to high risk sexual behavior and associated outcomes like pregnancy and sexually transmitted infections. In the most extreme cases, sex in exchange for money or housing becomes a means to survival. So-called “survival sex” is associated with a range of poor physical and mental health outcomes. Factors like age, gender, sexual preference, reasons for leaving home, and time away from home also influence the likelihood of engaging in risky sexual behaviors.

Street and shelter youth are at increased risk for multiple consequences of risky sexual behaviors, compared to the general population. A study to determine whether environmental factors predicted sexual risk behavior among a sample of homeless youth and youth involved in the street economy showed that unstable housing was independently associated with a greater number of sex partners. Homeless youth were significantly less likely to report consistent condom use than youth in stable or unstable housing. In this study, nearly 80% of the youth sampled reported sexual activity in the prior six months; of those, 61% reported multiple sex partners and 30.6% reported consistent condom use.⁴⁸ A seroprevalence study of hepatitis status and predictors for infection in a snowball sample of homeless adolescents showed 22% of participants had Hepatitis B or Hepatitis C.⁴⁹ In comparison, Hepatitis B seroprevalence in a nationally representative sample was 1.9% for children age 6-19 years old and 5.9% for adults age 20-49.⁵⁰ A study of HIV seroprevalence among homeless youth in Hollywood, California showed that 11.46% tested positive for HIV; 33.3% were injection drug users; and all were sexually active with an average of 31.1 partners in the past year. Almost half of the homeless youth surveyed did not use a condom the last time they had sex.⁴⁵

Street and shelter youth are more likely to become pregnant than youth in the general population. In a sample that included street and shelter youth, those who had been away from home longer were significantly more likely to ever have been pregnant.⁵¹ Another study of sexual risk among homeless adolescents showed that more than half of the female adolescents had been pregnant at least once. The majority of both male and female homeless adolescents reported having had sex in the last month (55% and 74%, respectively). More than half of both male and female homeless adolescents who had sex in the last month reported that they had sex at least once without a condom. Heavy users of alcohol and injection drug users were more likely to report multiple partners.⁴⁷

Knowledge of risks does not consistently inhibit participation in risky activities. Nearly 80% of youth used online social networks almost every week, according to a study of social networking and sexual health among homeless youth in Los Angeles, California. Nearly 80% of those youth were previously tested for STIs. Homeless youth who talked to peers online about safe sex were more likely to have a higher HIV knowledge index, but were also more likely to use the internet to meet a sexual partner. Youth who had sex with someone they

“ This 14 year old boy holding his, I think, about 2 weeks daughter, and he’s 14, and he just had a baby.... Yeah, he’s alright with it.... I would say he loves his daughter. He’s alright with it. I mean, he didn’t expect it, but he got what he did and he got it.

-A Mural Corps participant on early parenthood

met online were more likely to have exchanged sex for money/drugs/food/shelter.⁵² Safe sex behaviors were significantly related to: future time perspective (thinking into the future), perceived health status, social support, connectedness to family, friends, and school, assertive communication, and sexual self-care behavior, according to another study examining sexual health practices of homeless youth. Younger respondents were significantly more likely to have safe sex, and less time away from home corresponded to safer sexual behaviors. Knowledge of AIDS was high but only moderately associated with self efficacy to use condoms and assertive communication.⁵³ Another study of homeless youth found strong, consistent associations between substance use and unsafe sexual practices. The strongest correlation was between substance use and the likelihood of having sex with an unknown partner.⁴³

For homeless youth, sex may be viewed as a means of survival. Survival sex, which is defined as having sex with someone to get money, food, a place to stay, drugs/ money to buy drugs, or something else youth wanted, was studied among runaway and homeless youth. More than one in four street youth engaged in survival sex, as did one in 10 shelter youth. Experience with survival sex was significantly correlated with age, time away from home, and previous hospitalization in a psychiatric hospital. Odds of engaging in survival sex increased for youth who: had been victimized; participated in criminal behaviors; attempted suicide; had an STI; had been pregnant; or used substances (alcohol, marijuana, cocaine, other drugs).⁵⁴

The reasons for leaving home were, in some cases, related to sexual risk behaviors. Youth left home for reasons including family conflict (31.9%), need for independence (23.3%), family housing instability (10.4%), and getting thrown out (18.1%). Getting thrown out of home was a significant predictor of HIV risk behaviors among female homeless youth. In addition, the average number of HIV risk behaviors in both female and male homeless youth was higher for those who: spent the night in public places; were sexually victimized; or supported themselves with illegal activities. Having gone hungry also predicted homeless male youths' engagement in HIV risk behaviors.⁵⁵

“ He’s worried about me being, like, sexually active and messing up my life. My mom, I don’t know, everybody keeps telling me she thinks I might make the same decisions she made. And she doesn’t want me to do that. But I don’t think I will. I mean, I don’t want to say that I’m better than her at all, but they raised me to know what’s right from wrong. I don’t know, I feel there should be more trust between us.

-A Mural Corps participant on sexual decision-making

Education



Mural Corps youth contribute to public art in Philadelphia. The art is a medium for self-expression; the program emphasizes education and leadership. Photo by Mural Corps youth.

From early childhood through late adolescence, housing insecurity and homelessness are important determinants of school attendance, learning, and performance. The adverse effects of housing insecurity and homelessness are evident as early as kindergarten. Education is one of the strongest predictors of lifelong health⁵⁶ and is therefore a critical factor to consider in weighing the importance of housing insecurity and homelessness to children's wellbeing.

Housing insecurity and homelessness exert a negative influence on elementary school performance. Urban children with a homeless experience were significantly less likely to be proficient in reading and math, as measured by the standardized Terra-Nova tests, according to a study of second graders in a large northeastern city. Ever-homeless children were also more likely to exhibit poor social skills, negative learning behaviors, and higher rates of absenteeism and suspension.¹ Children who first experienced homelessness as toddlers showed the greatest decrement in their test scores and attendance, an important finding given that



Some youth talked about the pivotal role that teachers play in keeping them motivated and having a vision for the future. Photo by Mural Corps youth.

Philadelphia students' average age at their first homeless experience was 1.25 years old. The risk of becoming homeless was greatest for babies and lower for older children.⁵⁷

School mobility, a potential indicator of unstable housing, also was associated with educational outcomes. A study in Worcester, MA found that school mobility independently predicted academic achievement.⁵⁸ Children who changed schools during kindergarten had lower reading scores than their peers. More than one in 10 children who changed schools during kindergarten repeated that grade, compared to 4% of students who remained at the same school.⁵⁹ The relationship between number of school-moves and academic achievement was dose-dependent, such that more moves correlated with lower performance.⁶⁰

Homeless or insecurely-housed high school students are at risk of dropping out. Research shows that stable housing is protective against dropping out of high school. A study of initially homeless youth age 16-19 found that, after two years, 79.3% had stable housing and 28% were enrolled in and attending school. The total number of days spent in housing in the past two years was a significant predictor of school enrollment and attendance.⁶¹ In the absence of stable housing, however, shelter services correlated with better academic outcomes. After receiving shelter services for six weeks to three months, youth experienced significantly fewer negative school events like suspension, detention, or expulsion than they had at the time of shelter admission.²⁷

In Philadelphia public schools during the 2003-2004 school year, 6% of students dropped out, and an additional 4% of students were enrolled but attended less than half the school year. Only about 45%-52% of students in Philadelphia public schools graduated from high school in four years, and about 54%-58% graduated in six years. Students were even less likely to graduate if they had been placed in foster care, had given birth, had a juvenile justice placement, or a substantiated case of neglect or abuse.⁶²

A study of adults with former foster care experience in Washington State or Oregon showed trends similar to those observed in Philadelphia. Foster care alumni got GEDs instead of diplomas at six times the rate of the general population and had lower rates of postsecondary education. Additionally, 22.2% of foster care alumni were homeless for one or more days after leaving foster care.²⁸

“ A lot of us don't have guidance. A lot of us... they're sidetracked by the things that don't really concern them, but they want to try it out anyway just to experience. And you know, that's one of the reasons why a lot of kids drop out, because they follow other things instead of following what's in front of them—that's good for them....

-A Mural Corps participant on education and why youth drop out of school



One young man relayed how his parents emphasized the history of the African American struggle in the United States. He was determined to honor that legacy and make his family proud by being successful in school. Photo by Mural Corps youth.

“ I didn't have enough credits to go back to school to get my diploma. So I settled for my GED, and I never thought I'd actually get this far. I've been through a lot, so making these steps, day after day after day, is a really good thing. And, my teachers and staff keep me motivated, so I don't have no choice but to do it....

-A Mural Corps participant on education and determination

Conclusion

Home is a critical starting point for the health of children and youth, as demonstrated by both the academic literature and the personal narratives of youth included here. The young participants in this project demonstrated the resilience and ingenuity required to build healthy lives under challenging circumstances. As one Mural Corps participant said:

“ We look at a tree: tree only lives long because it stands tall. And you know it’s always reaching for the sky, never looking down. ...A tree that looks down is the one that breaks down. I feel like that’s me. I hold my ground, and I’m standing tall, trying to reach my dreams.

It’s our obligation to make sure that every child has what she or he needs to reach his or her dreams. And home is an important place to begin. Every child has both a need for and a right to a safe place to call home, in order to achieve health and live the lives they want to live.

Afterword:

These narratives and photographs were generously provided by participants in Mural Corps, an education and leadership development initiative of the City of Philadelphia’s Mural Arts Program. We thank the youth themselves, as well as the leaders, artists, and teachers who contribute to that program. This project represents a collaboration among: students from Jane Golden and Shira Walinsky’s University of Pennsylvania mural making course, the Dorrance H. Hamilton Public Media Commons at WHYY, Anu Vedantham and the staff of the Weigle Information Commons at Penn, and representatives of the E3 centers.

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I learned from this whole scenario and situation. It's like, to keep all the drama and negative stuff away, you just have to be by yourself. You just can't let everybody know and let everybody into your home, because that's how some of these people's homes get taken away from them.... I'm not trying to be going in the shelter again. So nobody can know where I'm living; only a few people know where I'm living. My two sisters and that's it.

When I think of home, I think of my niece and my nephews, I think of them. I live for my niece and my nephews.... They's my world. That's peace and serenity, sometimes.

Home is the place where you keep all your things.

This is where I live... I mean, it look like prison, I'm not even going to lie. Don't it? You just put the bars on the windows.

Home to me means peace, family, love, togetherness. That's all I look for when I go home. It's a place for me to gather my own thoughts and to be quiet. Unless I'm downstairs with my brothers. But if I'm upstairs in my own room, which is technically my home.... It just means time to myself or time to be comfortable.... It's just a place that you can go to gather your own thoughts, or be around people that you truly love and that you don't have to have... no regrets about, and you can tell anything to.