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## **Evictions and Health: The Public Health Consequences of Lifting Moratoria**

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### **ABSTRACT**

*Eviction is increasingly recognized as a public health crisis, associated with adverse effects on mental, physical, and social well-being. Through a health equity lens, this article aims to understand the impact of lifting the COVID-19 eviction moratoria, exploring how the reinstatement of eviction filings reproduces existing racial and socioeconomic inequities. Results from recent studies showed that eviction correlates with greater rates of depression, chronic disease, and death, whereas moratoria lessened these harms by reducing infection, stress, and displacement during a pandemic. The lifting of these protections has reintroduced instability, aggravating the inequities among disadvantaged groups. The policy implications suggest that housing stability must be reframed as a health intervention, requiring collaboration between systems of public health, housing, and law. This study highlights the need for a long-term structural solution, recognizing that stable housing is fundamental to population health and social equity.*

**Keywords:** eviction, health disparities, mental health, public health, social determinants of health, COVID-19, structural inequities

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### **INTRODUCTION**

Cities have long seen eviction as a legal or economic event; however, new evidence suggests it operates in a much larger sense as a determinant of health. Families who are evicted cycle into displacement, overcrowding, and homelessness, precipitating ramifications for their health and well-being spanning

physical, mental, and social factors. Adults experiencing eviction reported increased psychological distress, higher levels of hospital use, and greater risk of mortality (Hoke et al., 2021; Vásquez-Vera et al., 2017). Children face behavioral problems, developmental delays, and school discontinuity, all due to the disruption of eviction (Ramphal et al., 2023).

Moreover, eviction is more burdensome for structurally marginalized populations. Even after controlling for individual and household characteristics, Black renters, Latinx renters, single mothers, and low-income renters experience a higher number of evictions compared to renters in other demographics, thereby demonstrating the inequities that exist in housing and labor markets (Desmond & Shollenberger, 2015). With these structural inequities, eviction exacerbates the cycle of poverty and health inequity that are already inherent and integrated into the social fabric of the United States.

The COVID-19 pandemic further heightened risks of eviction and public awareness of its impact. To stem the wave of displacement at a time of public health crisis, the federal or state government intervened by implementing moratoria on eviction. These protectors minimized housing instability and decreased rates of COVID-19 infection and death (Leifheit et al., 2021). However, with the expiration of the moratoria already underway, a new wave of evictions emerged (Gromis et al., 2022), bringing these vulnerable families back into precarious living situations. Here, I used a health-equity lens to discuss eviction as a social determinant of health, expound on moratoria as a social protective factor, and look ahead to the potential long-term health implications post moratorium.

This study enhances the theorized understanding of eviction as a social determinant of health through the lens of health equity. Rather than assembling new empirical data, I synthesized interdisciplinary scholarship published between 2015 and 2024 in public health, housing policy, and social work. The aim was to embed existing evidence in a conceptual framework, showing how structural inequities and policy design inform health outcomes. This approach positions eviction not only as an outcome of economic precarity but also as a device for reproducing health inequities on structural, community, and individual levels.

## **Eviction as a Determinant of Health**

A significant amount of evidence points to the health impacts of eviction. Using data from the National Longitudinal Study of Adolescent to Adult Health, Hoke et al. (2021) found that young adults who had eviction experiences had more depression and worse self-rated health outcomes in comparison to their stably housed peers. Systematic reviews bolster these findings: For example, Vásquez-Vera et al. (2017) concluded that eviction invariably linked to negative mental health, substance use, and mortality outcomes.

For children, eviction represents a negative childhood experience and has developmental consequences. Ramphal et al. (2023) showed that infants and toddlers with eviction experience have a greater risk of neurodevelopmental delays, and continuity of care from pediatricians was poorer. Acharya et al. (2022)

showed that the mere perception of eviction risk, even without displacement, had significant impacts on anxiety, depression, and increased psychiatric medications. In these studies, researchers showed that eviction operates not just as an acute stressor, but as a chronic insecurity and risk to health over time.

Multiple potential mechanisms of action link eviction to health. Displacement produces toxic stress, limits access to medical care, often involves moving into lower quality housing or overcrowded homes, and results in less helpful social supports. For families who became homeless, risks were multiple, including becoming mired in violence, food insecurity, and poor sleep. Eviction also had intergenerational impacts, as children who were displaced also dealt with disrupted educational attainment, thereby compounding long-term social determinants of health (Desmond, 2016). These pathways of health were made more evident through the COVID-19 pandemic, when eviction moratoria presented an unintentional, but powerful, public health policy intervention.

## **CONCEPTUAL FRAMEWORK**

Figure 1 depicts the theoretical model that drove this analysis. The model places evictions in the larger context of the social determinants of health. The model shows how structural inequities (e.g., racial segregation, economic precarity, and legal structures) pose eviction risk and how, in turn, it affects physical-, mental-, and social-health outcomes. Additionally, the model reflects the mediating effect of policy interventions (e.g., eviction moratoria) to mitigate the health effects of evictions.

### **Eviction Moratoria During COVID-19**

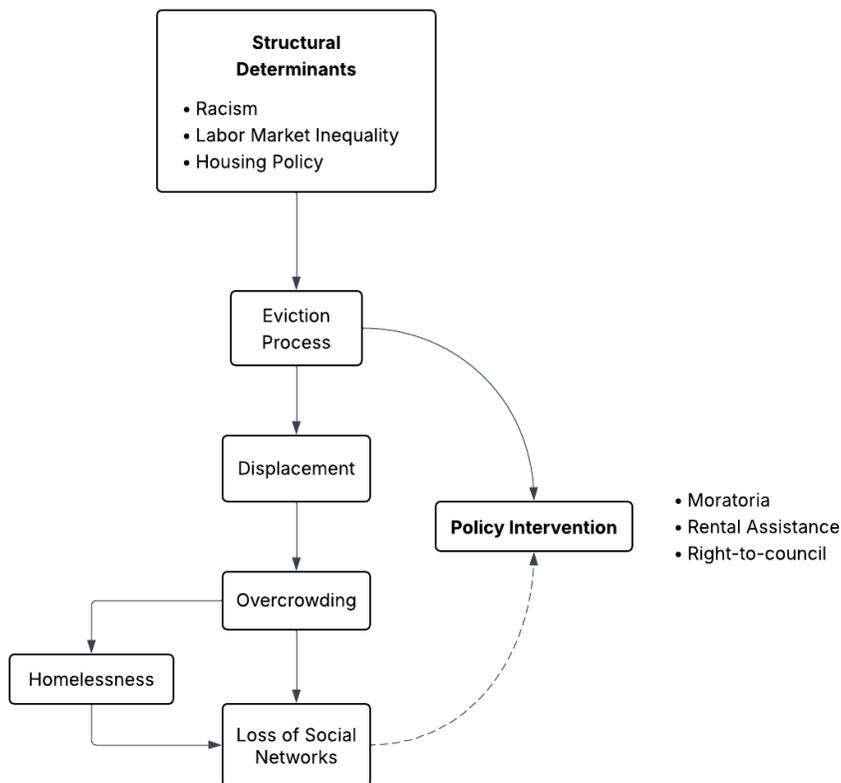
The COVID-19 pandemic highlighted eviction as a public health problem. With authorities recognizing the danger of widespread displacement, governments put unprecedented moratoria in place to temporarily stop evictions. The policies were justified not only because they addressed humanitarian emergencies, but also because they served as infection-control measures.

Evidence showed that eviction moratoria prevented infection. Leifheit et al. (2021) observed that, regardless of similar rates of community transmission, states that lifted moratoria on evictions early aligned with a more than two-fold increase in COVID-19 incidence and mortality compared to states that had protections in place. The moratoria resulted in an estimated hundreds of thousands of infections avoided and thousands of deaths avoided nationally. In addition to the positive infectious-disease outcomes, moratoria provided immediate relief from threats of displacement and levels of stress that would otherwise have led to a mental health crisis for some of the households in vulnerable socioeconomic positions (Benfer et al., 2021).

Even so, moratoria were temporary and imperfect. Many informal renters and undocumented households were “invisible” to moratoria or were woefully unprotected from eviction. Although some protections were eviction prevention to some, not all landlords faced disincentives. Despite financial pressures on

landlords to act, emergency rental assistance was unequally distributed between some households and landlords. However, moratoria provided compelling evidence that housing policy can fundamentally be health policy.

## Eviction-Health Pathway



**Figure 1. Conceptual Model Linking Eviction, Structural Inequities, and Health Outcomes**

### The Consequences of Lifting Moratoria

The ending of eviction moratoria caused a startling increase in eviction filings across U.S. cities (Gromis et al., 2022). The ramifications for health are striking. The removal of protections puts families back under the stress of displacement, which researchers associate with depressive and anxiety symptoms (Acharya et al., 2022). For children especially, the return of instability jeopardizes continuity in educational experiences and disrupts emotional security, both predictors of long-term health outcomes (Ramphal et al., 2023).

The end of moratoria also has the potential to exacerbate existing inequities. Communities of color and low-income renters experienced benefits from

moratoria, while returning to the threat of evictions puts these same groups in the most precarious situation. Without protections, racial and socioeconomic health inequities will increase, especially around mental health, chronic disease, and child well-being.

Healthcare systems will also see the impact of these changes. Families facing an eviction more frequently seek emergency departments for routine primary care, thereby quickly and unnecessarily increasing uncompensated care costs, putting additional burdens on existing health systems. The demise of moratoria disrupts communities, decreasing housing stability, social and economic cohesion, and community resilience, all key areas of the public's health.

### **Policy and Practice Implications**

The public-health implications of ending eviction moratoria highlight the importance of long-lasting, equity-focused policies. Eviction prevention needs to be reconceptualized as a health intervention, requiring partnership and coordination between housing, healthcare, and legal systems.

Increasing the use of rental assistance continues to be a primary strategy. Unlike moratoria that only delay displacement, subsidies directly address the issue of affordability. Researchers indicated that housing subsidies decrease stress, increase nutrition, and stabilize healthcare access (Miller et al., 2020). Simultaneously, the healthcare system can increase its contribution. For example, Medicaid Section 1115 waivers permit states to fund housing-related services, allowing states to explore options for blending eviction prevention into healthcare financing. Hospital systems and health departments may work with housing authorities to identify tenants at risk of eviction and provide assistance to avoid displacement.

Legal protections are also important. Right-to-counsel initiatives reduce rates of displacement and improve tenant outcomes, while also reducing downstream costs for municipalities (Gillespie, 2019). Eviction-prevention protections included as part of regulations in housing law convey a recognition of eviction prevention as a health equity issue. Collectively, these approaches signal a transformation toward a conceptualization of eviction not simply as a social or economic crisis, but as a public-health emergency that can be avoided.

## **DISCUSSION**

The COVID-19 pandemic highlighted the harms associated with eviction, as well as policy hopes for eviction protection. Moratoria preserved housing for millions of people, and in doing so, disrupted the transmission of the virus, reinforcing housing as a key intervention for public health. The lifting of moratoria returned households to restless instability, highlighting eviction as a primary driver of physical and health inequities.

Finally, eviction prevention should be included on the public-health agenda. Future researchers should engage in longitudinal comparisons of health trajectories between households that were protected by moratoria and those that

were displaced. The policy conversation needs to consider how eviction interacts with other crises, including climate change, economic recession, and mass incarceration, which compound health risks. Cross-sectional synergy will be required between housing authorities, legal advocacy, and healthcare campaigns to create prevention systems.

**Limitations and Future Directions**

This analysis synthesized recent interdisciplinary literature but did not include original empirical data. Future researchers should empirically test the conceptual pathways in the systems model portrayed by Figure 1 and reveal how policy interventions moderate eviction-related health disparities across diverse populations. Longitudinal and mixed-methods studies are especially needed to capture the cumulative and intersectional effects of eviction on health outcomes and suggest how local, state, and federal housing policies can be instituted to advance health equity.

**CONCLUSION**

Eviction is more than a legal process or an economic issue. It is a serious social determinant of health that can have an impact across lifetimes and generations. Based on this evidence, Table 1 summarizes key policies and practices legislative bodies can pursue to ameliorate the health impacts of eviction while advancing equity in housing.

**Table 1. Policy and Practice Framework for Addressing Eviction as a Public Health Issue**

Policy Area	Action Strategy	Intended Impact
Housing as health policy	Integrate housing stability into Medicaid Section 1115 waivers and state health plans.	Improves care continuity and addresses social determinants of health.
Legal protections	Expand right-to-counsel programs and eviction-diversion initiatives.	Reduces displacement, litigation costs, and health-system burden.
Interagency collaboration	Develop joint data systems linking public health and housing agencies.	Facilitates coordinated prevention and early intervention.
Sustainable affordability	Create permanent rent-relief funds and inclusionary zoning policies.	Reduces long-term housing precarity and inequities.

The COVID-19 moratoria on evictions created a unique natural experiment that made not only the damaging health harms of displacement visible, but also the life-saving opportunity that arises when people intervene with policy. As these protections fade, the health risks from eviction are returning with force and are

particularly toxic to communities already fractured by the inequities they have experienced. To frame eviction as the public-health crisis that it is, legislation should not only focus on low-level policy solutions but also on developing long-term solutions that connect housing and health systems. Stable housing must be recognized as an essential social determinant of population health. The COVID-19 eviction moratoria showed that policy can save lives when housing is treated as health infrastructure. Moving forward, sustainable, equity-centered reforms that integrate public health, legal advocacy, and housing policy are essential to prevent eviction-related harm and to close the health-equity gap.

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