# HOUSING AND HEALTH: A ROADMAP FOR THE FUTURE



Walue Initiative

# HOUSING INSTABILITY IN AMERICA

Housing instability is a widespread issue affecting individuals in big cities, small towns and rural areas. "Housing instability" describes the continuum between homelessness and stable, secure housing. It takes many forms:

#### **COST BURDEN**

More than 30% of monthly income is spent on housing<sup>1</sup>

### UNSTABLE NEIGHBORHOODS

Poverty, crime or lack of employment opportunities<sup>1</sup>

### OVERCROWDING

More than two people living in the same bedroom or multiple families in one residence<sup>1</sup>

#### **FREQUENT MOVES**

Moving three or more times in one year, due to foreclosure, eviction or unsafe property<sup>2</sup>

### HOUSING QUALITY

Problems with plumbing, heating, electricity, leaks, mold, lead or pests<sup>1</sup>

#### HOMELESSNESS

Lack of fixed, regular and adequate nighttime residence<sup>1</sup>

#### THE SCOPE OF THE ISSUE IS VAST



While housing instability affects individuals from all races, ethnic groups, ages and genders, there are inequities. Disproportionately more people of color experience housing instability; Black and Hispanic Americans comprise 40% and 20% of housing-insecure individuals, respectively.<sup>6</sup> Families headed by women account for one-third of the homeless population, and more than 100,000 children are homeless each day.<sup>7</sup>

### **HOUSING & HEALTH**

To be physically and mentally healthy, individuals need a safe, stable place to sleep at night. Housing-insecure individuals have worse health status and outcomes than those in stable housing.<sup>8</sup> Average life expectancy for a person without stable housing is 27.3 years less than the average person with a stable home.9 Health issues associated with housing instability include chronic medical conditions and behavioral health issues. (Table 1)



Individuals with unstable housing use medical services and the emergency department (ED) more than those who have stable housing.



33% of all ED visits are Individuals experiencing made by individuals who experience chronic homelessness<sup>10</sup>

homelessness visit the ED an average of five times annually<sup>10</sup>

Patients without housing are 51% more likely to be readmitted to hospitals<sup>11</sup>



80% of ED visits by individuals experiencing homelessness are for preventable illnesses<sup>12</sup>











## ADDRESSING HOUSING INSECURITY

Health care organizations recognize the link between housing and health and are addressing housing insecurity as a pathway to improve health outcomes and reduce costs. Providing permanent supportive housing for individuals experiencing homelessness can:

- Reduce health care costs by 59%;
- Decrease ED costs by 61%; and
- Decrease inpatient hospitalizations by 77%.<sup>13</sup>

Housing initiatives can address various points of the housing insecurity continuum based on the needs of the community. Over the past three years, hospitals and health systems have invested at least \$1.6 billion in housing-related interventions.<sup>14</sup>

### COMMON APPROACHES INCLUDE:

**Housing First.** Provides permanent housing to people experiencing homelessness and serves as a stable home while addressing other social needs.

**Supportive Housing.** Provides supportive services coupled with housing to enable individuals and families to remain housed.

**Transitional Housing.** Short-term housing to provide people with a home after a health crisis.

**Investing**. Allocates funds to change the physical environment in the home or community.

**Home Repair.** Provides financial support to renovate blighted property.

**Lead and Mold Remediation.** Removes dangerous exposures to create a healthier home environment.

**Medical-legal Partnerships.** Embeds lawyers as specialists in health care settings to provide legal services if patients are facing eviction or landlords are not maintaining the property.

### HOSPITALS IN ACTION DURING COVID-19

Housing security is a significant factor in COVID-19 prevention and treatment. Residents of crowded low-income housing and shelters are less able to practice social distancing and, with millions of

people losing wages and other benefits due to the pandemic, many are at high risk for eviction and homelessness. Here are examples of hospitals working with their communities to support access to safe, affordable housing during the pandemic.





include a nonprofit housing organization, a reality collaborative and a community development organization. The initiative facilitates access to affordable housing, quality education, health and wellness programs, safe and accessible neighborhoods, and workforce development opportunities.



Since the HNHF started in 2008, Nationwide has seen improved graduation rates, a reduction in crime and declines in the cost of care and ED utilization in the neighborhood. HNHF continues to prioritize creating access to housing for children and families during the COVID-19 pandemic.

**Penn Medicine Lancaster General Health's** Lanc Co MyHome, a crosssector collaboration housed at the hospital, has been working since 2009 to help people experiencing homelessness. During the COVID-19 pandemic, the coalition expanded its work by extending seasonal

shelters, adding portable bathrooms and handwashing stations, and establishing a quarantine site for COVID-19-positive individuals living in an emergency shelter or on the streets. Lancaster General Health also is working closely with shelters to implement best practices to protect people experiencing homelessness.

**5** Actions to Promote Housing Access During and Beyond the COVID-19 Pandemic. This issue brief offers five actions that hospitals and health systems can take to address housing instability and improve health in their communities. It includes links to case examples and additional resources.

# **SOCIETAL FACTORS**

The COVID-19 pandemic has placed a spotlight on how societal factors such as housing security influence health. The **AHA's Societal Factors That Influence Health Framework** is designed to guide hospitals' strategies to address the social needs of their patients, social determinants of health in their communities and the systemic causes that lead to health inequities.



### PERSON

#### **Social Needs**

Individuals' non-medical, social or economic circumstances that hinder their ability to stay healthy and/or recover from illness.

### COMMUNITY

#### **Social Determinants of Health**

Underlying social and economic conditions that influence people's ability to be healthy.

### **SYSTEMIC**

#### **Systemic Causes**

The fundamental causes of the social inequities that lead to poor health.

Hospitals, in collaboration with community stakeholders, can address housing insecurity at each level of the framework.Below are examples of steps hospitals can take to improve housing security for their patients and communities.



During the patient encounter, providers can screen their patients for housing instability concerns. If a patient screens positive, they can provide a referral to a social service provider in the community, embed legal aid in the hospital to combat evictions or negligent landlords, or connect the patient with supportive housing or transitional housing



### SOCIAL DETERMINANTS OF HEALTH

Hospitals can work with other stakeholders to identify common housing needs in the community. To alter the community housing environment, hospitals can invest in housing development, partner with local community development organizations, or support initiatives to repair homes and remove environmental hazards.



Hospitals can support policy, system, environmental and cultural changes regarding housing access and availability in the community. Such actions could include incentivizing investments in poor communities and advocating against redlining or other structural discriminatory practices.



# PARTNERING TO IMPROVE ACCESS TO HOUSING

Housing instability is a complex social issue and requires a massive, multisector undertaking. Stakeholders that can contribute to efforts to address housing instability include:







Chambers of Commerce Commercial Developers



Community Development Organizations Entrepreneurs



Community-based

Organizations

Health Insurers

Philanthropic

Organizations

Hospitals and Health Care Systems

Schools and Universities

Local and State Governments



Social Services

AWAI

These stakeholders exist in most communities, and each organization or sector has unique capacities and resources that can be applied to address housing instability, from subject matter expertise to community insights to investment capital to land.

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American Hospital Association



### **GETTING STARTED**

Partnerships come in different shapes depending on the stakeholders, their priorities and the issue at hand. The key is to identify potential partners that can come together around shared interests and commit to collaboration.

Each stakeholder has to articulate their role in the initiative. Potential roles in a partnership include:

Anchor. Initiating and taking the lead role, leveraging resources and influence.

**Partner.** Joining a community coalition or collaborating with other care providers.

Advocate. Supporting policy positions at the local, state or national level.

**Investor.** Investing dollars into community resources or venture funds.

#### Approaches to housing insecurity need to be tailored to the needs of the community.

As you think about addressing housing insecurity in your community, some strategic questions to consider include:

- How does housing instability impact your community? How has housing instability changed during COVID-19?
- How does housing instability impact your patients?
- What data can you collect and use to determine how housing instability is impacting your patients and community?
- What kind of housing issue is most prevalent? Cost burden? Unsafe units? Blighted neighborhoods? Homelessness?
- Who is working on housing instability in your community? Which stakeholders are missing?
- What tools or resources does your organization have to contribute?
- What type of partners do you need to advance this work? Who are the right partners in your community? What would a strong partnership look like?
- What role is your organization able to play in addressing housing insecurity during COVID-19? After COVID-19?



**Societal Factors that Influence Health: A Framework for Hospitals.** This resource guides hospitals' strategies to address the social needs of their patients, social determinants of health in their communities and the systemic causes that lead to health inequities so the entire field can have meaningful conversations around these issues.

**Making the Case for Hospitals to Invest in Housing.** This issue brief shares initial findings from the Accelerating Investments for Healthy Communities initiative, which is helping hospitals refine their community investment strategies around affordable housing.

**Housing and Role of Hospitals.** This guide examines how hospitals can address housing issues in their communities and includes case studies of hospital-driven housing initiatives.

**Improving Health Equity Through Medical-Legal Partnerships.** This issue brief discusses how medical-legal partnerships can help resolve patients' legal issues that impact their health and well-being.

A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health. This resource covers methods, tools and strategies to create and sustain partnerships.

The **AHA Community Health Improvement** and the **Institute for Diversity and Health Equity** are two of the association's leading networks to advance their shared work: close health equity gaps, build strategic hospital-community partnerships, and develop and sustain diversity and inclusion efforts in hospitals and health systems.

AHA's **The Value Initiative** drives the conversation on affordability and value by producing tools and resources for hospitals and health systems.

### SOURCES

- US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. 1998. Ancillary Services to Support Welfare Work: Housing Instability. Accessed at <u>aspe.hhs.gov/report/ancillary-services-support-welfare-work/housing-instability</u>.
- Healthy People 2020. Housing Instability. Accessed at <u>www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/housing-instability</u>.
- 3. Joint Center for Housing Studies of Harvard University. 2018. The State of the Nation's Housing 2018. Accessed at <u>www.jchs.harvard.edu/sites/default/files/Harvard\_JCHS\_State\_of\_the\_Nations\_Housing\_2018.pdf</u>.
- 4. Joint Center for Housing Studies of Harvard University. 2017. Renter Cost Burdens by Race and Ethnicity. Accessed at <u>www.jchs.harvard.edu/ARH 2017 cost burdens by race</u>.
- 5. Center on Budget and Policy Priorities. 2017. Policy Basics: Federal Rental Assistance. Accessed at <u>www.cbpp.org/research/housing/policy-basics-federal-rental-assistance</u>.
- 6. National Alliance to End Homelessness. 2020. Homelessness and Racial Disparities. Accessed at endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/.
- 7. Hayashi, S. 2016. How Health and Homelessness are Connected Medically. The Atlantic. Accessed at <u>www.theatlantic.com/politics/archive/2016/01/how-health-and-homelessness-are-connectedmedically/458871/</u>.
- 8. Health Affairs. 2018. Housing and Health: An Overview of the Literature. Accessed at <u>www.</u> <u>healthaffairs.org/do/10.1377/hpb20180313.396577/full/</u>.
- Journal of the American Medical Association. 2013. Mortality Among Homeless Adults in Boston: Shifts in Causes of Death Over a 15-year Period. Accessed at <u>www.ncbi.nlm.nih.gov/</u> pmc/articles/PMC3713619/pdf/nihms-493296.pdf.
- 10. Green Doors. The Cost of Homelessness Facts. Accessed at greendoors.org/facts/cost.php.
- 11. Medical Care. 2013. The revolving hospital door: hospital readmissions among patients who are homeless. Accessed at <u>www.ncbi.nlm.nih.gov/pubmed/23929401</u>.
- 12. Green Doors.
- 13. Homelessness Saves Taxpayers Money. Accessed at <u>endhomelessness.org/resource/ending-</u> <u>chronic-homelessness-saves-taxpayers-money-2/</u>.
- Health Affairs, 2020. Quantifying Health Systems' Investment In Social Determinants Of Health, By Sector, 2017–19.

Value Initiative

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Advancing Health in America