

The Connection between Health and Housing: The Evidence and Policy Landscape

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Attempts to tie health and housing policy have only recently gained momentum, even though researchers and practitioners have recognized the connection for some time. Indeed, evidence is growing that housing, a social determinant of health, is an important factor in the health status of various populations.¹

For example, efforts to minimize children's exposure to lead paint in the home have existed since the late 1980s, and have greatly reduced the incidence of lead poisoning and associated physical and cognitive health problems.² Still, according to the Centers for Disease Control and Prevention (CDC), which began collecting data in 1995, at least 4 million households with children remain at risk.³ Other pathways through which housing may affect health are less well recognized.

The Bipartisan Policy Center Health and Housing Task Force maintains that stable, affordable housing can improve health outcomes and reduce costs to the health care system.⁴ According to the Department of Housing and Urban Development (HUD), more than 610,000 people experience homelessness in the U.S., and over 250,000 individuals within that population have a severe mental illness or a chronic substance use disorder.⁵

Persons living with HIV/AIDS risk losing their housing due to factors such as increased medical costs or limited ability to work due to related illnesses.⁶ People with disabilities face a multitude of housing challenges, including issues with affordability, discrimination and availability.⁷ Seniors who wish to age in place often require safety modifications to their homes to prevent injuries.⁸ And, housing

and urban design can play an important role in facilitating healthier behaviors such as physical activity.⁹

Housing and Health Care: Policy Initiatives

While links between housing deficiencies and health conditions are well substantiated, research evaluating the health benefits of specific interventions has been limited. There is, however, some evidence that multifaceted interventions may lead to improvements in health of children and families, as well as to reduced use of medical services.¹⁰ Examples of such efforts and their results are in their infancy, but can be found at federal, state and local levels.

Federal Initiatives

- **Healthy Homes Initiative (HHI).** Congress established the HHI to “develop and implement a program of research and demonstration projects that would address multiple housing-related problems affecting the health of children.” This HUD initiative strives both to identify multiple housing deficiencies that affect health, safety and quality of life and to take actions to reduce or eliminate the health risks related to poor quality housing. The federal government spent approximately \$48.5 million on these programs from 1999 to 2005.¹¹
- **The Office of HIV/AIDS Housing, HUD.** The Office of HIV/AIDS Housing manages the Housing Opportunities for Persons with AIDS (HOPWA) program, which addresses housing needs of individuals living with HIV/AIDS, as well as those of their families. Under this program, grantees collaborate with



nonprofit organizations and housing agencies to provide housing and support to beneficiaries.¹² Results from a randomized control trial of a program in Chicago found that supportive housing residents with HIV/AIDS had substantially higher levels of survival, compared with the usual group, and significantly lower viral loads.¹³

- **The Money Follows the Person (MFP) Rebalancing Demonstration Grant and The Real Choice Systems Change (RCSC) Grant Program.** The federal MFP grant program helps states rebalance their Medicaid long-term care systems by increasing the use of home and community-based services (HCBS) and reducing institutionally-based services.¹⁴ In 2011, the Centers for Medicare & Medicaid Services (CMS) also announced a total award of nearly \$2 million in RCSC grants to six states to support the development of partnerships with state housing agencies. The grants aim to advance strategies to provide permanent and affordable rental housing for people with disabilities who are homeless and also participants in the MFP demonstration program.

State Initiatives

- **Medicaid Waivers.** While federal Medicaid resources are not used for housing, capital development or rental assistance, states and local entities have some flexibility with leveraging Medicaid resources to bridge housing and Medicaid reimbursed services together for supportive housing needs. Since 2012, New York State has been using a Section 1115 Medicaid demonstration waiver to increase focus on community-level collaboration and care coordination. The program is estimated to result in a \$17.1 billion reduction in Medicaid expenditures over five years. The state is using \$8 billion of the anticipated savings to invest in several initiatives, one of which is the Supportive Housing Initiative. This initiative, through capital funds and operating subsidies, constructs or rehabilitates supportive housing designed for high Medicaid utilizers.¹⁵ California also submitted an 1115 Medicaid waiver proposal in March 2015 to create regional housing partnerships among health plans, counties, housing authorities and housing providers. Results of this negotiation are pending.¹⁶
- **Medicaid Eligibility and Enrollment.** For example, a recent analysis by the Washington State Department of Commerce found that a

high percentage of affordable housing residents in that state were eligible for Medicaid based on household income eligibility requirements.¹⁷ However, not all were enrolled in Medicaid and many did not have a regular health care provider. According to the analysis, because of this strong eligibility linkage, affordable housing could provide a cost-effective channel to enroll people in Medicaid. In addition, it could connect them to primary care medical homes, preventive services, enhanced fitness and non-clinical health education.¹⁸

- **Medicaid Accountable Care Organizations (ACOs).** Many states are encouraging ACOs to include social supports as part of their care coordination strategies. For example, Minnesota requires that Medicaid ACOs form partnerships with social service agencies and other community-based organizations to coordinate the medical care and social services that their patients need. Hennepin Health, an ACO in Minnesota, consists of a partnership among four county agencies and employs social workers and housing counselors to help members address their housing needs. Almost 30 percent of Hennepin Health members face housing instability or are homeless. Currently, Hennepin Health is working with Minneapolis Public Housing Authority to prioritize their clients for long-term housing and determine the proper housing and services model that best serves its members.¹⁹

Local Initiatives

- **Provider-led Initiatives.** The vast majority of physicians participating in a Robert Wood Johnson Foundation study said that unmet social needs lead directly to poorer health for Americans. Yet, only 20 percent of doctors say that they have the ability to help address those needs.²⁰ One example of a provider-led initiative that seeks to address these challenges is Health Leads, an interdisciplinary program founded at the Boston Medical Center. It pairs families seeking medical care at emergency rooms and clinics with physicians who treat medical problems while also helping to identify non-medical causes of health problems, such as poor housing conditions.²¹
- **Community Health Workers.** Interventions by community health workers can be very effective in connecting higher-risk individuals with individualized interventions.²² While many initiatives are still in the early stages, one of the early implementers, the State of Washington, has documented a growing body

of evidence on the overall value that successful community health worker interventions can provide. For example, Public Health of Seattle and King County have documented the efficacy of home-based asthma support. Opinion leaders looking at other communities contend that similar, carefully-structured interventions and evaluations would be useful to establish Medicaid reimbursement for other housing-based service delivery.²³ Because the incidence of chronic conditions is distributed unevenly, some experts also believe that focusing on empirically-determined “hotspots” is a way to be cost effective.²⁴

■ **Community Development.** Some communities are working to provide affordable, safe housing and support their residents in adopting healthier behaviors through community development efforts. Efforts include neighborhood safety, employment assistance, the provision of space for Head Start or other early childhood supports, and the siting of housing near jobs and transit. Examples of this sort of community development across the country include Metro Community Development in Flint, Michigan; the Coalfield Development Corporation in Wayne County, West Virginia and Capitol Hill Housing in Seattle, Washington, among many others.²⁵ Some communities have selected specific housing-health related goals, such as asthma trigger reduction, smoke-free campaigns or a healthy home design initiative that incorporates healthy design elements, non-toxic building materials, and proper construction techniques and is consistent with the sustainable design policies adopted by many private and public housing funders. The High Point public-housing site in Seattle, for example, was redeveloped in 2000 in accordance with asthma-friendly Breathe-Easy Home guidelines. Researchers assessed the effect of asthma-friendly homes and found significant improvements in a wide range of clinical outcome and trigger exposure measures.²⁶

■ **Health Plans.** Some health plans, such as UnitedHealthcare, have invested in strengthening the link between health and housing. UnitedHealth Group’s Affordable Housing Investment Program strives to create affordable housing in local communities for low- and moderate-income populations, people with special needs, military veterans and aging adults. The program has provided over \$100 million in financing for community

developments throughout the nation.²⁷ In California, Kaiser Permanente has also addressed issues affecting overall community health through its Community Benefit Program, including the improvement of asthma management by reducing exposures to home-based environmental triggers.²⁸

■ **Facilitating health and housing linkages for aging populations.** The concentration of older, vulnerable individuals in a common location, such as a public supportive housing complex or apartment building, assisted living facilities and other community based settings offers several benefits to health care providers, including streamlined access to residents who need care; the ability to provide cost-effective service delivery and health education programs through one-on-one interactions or group programming; the ability to facilitate patients’ follow through and adherence to treatment plans, and the opportunity to serve large numbers of individuals who are frequent users of high-cost health care services.^{29 30}

Cost Implications of Health and Housing Initiatives

Cost-benefit studies have shown that supportive housing for particular populations can generate significant savings.³¹ For example, studies indicate that a Medicaid supportive housing benefit would be cost effective looking only at medical and behavioral health expenditures, while also providing broader community benefits in quality of life for the high-need individuals and savings in criminal justice costs.³²

The challenge is that savings are often dispersed among several entities, and are sometimes disconnected from the entities responsible for making the initial investment. In the case of public inebriates, for example, savings to emergency departments and the public safety system are not necessarily recaptured by the government entities that pay the capital or service costs of this housing. Among very high-risk elderly individuals, Medicare—through reduced hospital use and other savings—might reap the benefit of interventions that require local action and investment.³³

Additionally, community development efforts to link housing and health care generally rely on a wide range of funding sources, usually with no connection to health care. That diffusion of funding and accountability could make it difficult to find leadership or keep a coherent partnership.³⁴

Resources

With The ACA Secure, It's Time to Focus on Social Determinants

Bradley, Elizabeth and Taylor, Lauren. Health Affairs Blog. July 2015.

<http://goo.gl/BxwTWE>

This blog post argues for the need to align the health care and social services sectors in an attempt to improve social determinants of health. Reduced hospitalization utilization and improvements in mental health are highlighted as some optimistic results experienced through efforts to bridge health and housing providers in several localities and states.

Making the Connections between Housing and Health

Reckford, Jonathan. Rooflines Blog. National Housing Institute. January 2015.

<http://goo.gl/ygFlc3>

The author, a Habitat for Humanity leader, cites a global study showing a strong connection between housing and health. Citing individual examples in the U.S., the author builds his case that safe, solid housing eliminates many environmental factors that pose health threats to children and parents.

Housing is a Prescription to Better Health

Moses, Kathy and Davis, Rachel. Health Affairs Blog. July 2015.

<http://goo.gl/691Kre>

This blog post highlights how communities and states are prioritizing stable housing for the homeless in an attempt to improve outcomes and lower costs. It also highlights barriers and opportunities to move such efforts forward.

Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health

CSH. July 2014.

<http://goo.gl/5fQr0a>

This report provides background on supportive housing and evidence linked to improved health outcomes and reduced health care costs, describes opportunities and challenges for approaches to bring supportive housing to scale as a health care solution, and discusses policy recommendations for advancing health and housing efforts.

Summary of State Action: Medicaid and Housing Unit Creation

CSH. June 2015.

<http://goo.gl/oCfqzl>

This summary provides an overview of state initiatives to couple housing and Medicaid reimbursed services together for those in need of supportive housing. The summary includes activities in various states, including New York, California, and Illinois, and describes proposals, Medicaid mechanisms, results, and future steps for each highlighted state.

A State Policy Framework for Integrating Health and Social Services

McGinnis, Tricia, et al. The Commonwealth Fund. July 2014.

<http://goo.gl/QyRrZ6>

This issue brief describes three key components for integrating health care, public health and social services. It also presents a policy framework for states to establish an infrastructure to support these efforts, particularly for Medicaid beneficiaries. It describes integrative programs across the country.

State Payment and Financing Models to Promote Health and Social Service Integration

Crawford, Maia and Houston, Rob. Center for Healthcare Strategies. February 2015.

<http://goo.gl/iVpiQC>

This brief reviews potential financing mechanisms to facilitate integrating medical care and social services with a particular focus on Medicaid. It highlights methodologies that promote the movement away from fee-for-service models toward value-based payment strategies.

New York Debates Whether Housing Counts As Health Care

Aronczyk, Amanda. NPR. July 28, 2014.

<http://goo.gl/wGGE3D>

New York State representatives have been arguing that providing housing to the chronically homeless can save health care dollars and that Medicaid should help pay capital costs, as highlighted in this article. Some experts, such as former administrator of Medicaid and Medicare, Bruce Vladeck, suggest that it is not cost effective to use federal Medicaid dollars to pay for housing and that housing agencies should pay for housing programs.

CMCS Informational Bulletin: Coverage of Housing-Related Activities and Services for Individuals with Disabilities

Vikki Wachino. Center for Medicaid and CHIP Services. June 2015.

<http://goo.gl/oVIXc9>

This Information bulletin clarifies circumstances under which Medicaid reimburses for housing-related activities for individuals with disabilities, older adults in need of long terms services and supports (LTSS) and the homeless population.

Housing Issues for People with Disabilities

The Arc. 2015.

<http://goo.gl/n7qGz5>

This resource describes the various challenges in housing for people with disabilities, including affordability and housing discrimination. It includes a list of key HUD programs that seek to increase affordable housing for people with disabilities.

Improving Health through Stable Housing: The Oregon Health and Housing Learning Collaborative: Housing With Services, LLC

Zhu, Annie. Enterprise Resource Center. 2014. <http://goo.gl/Yvu89i>.

This brief focuses on The Oregon Health and Housing Learning Collaborative (OHHLC), which brings together housing providers, health insurers and service providers to create affordable housing with integrated health services. It highlights the Housing with Services, LLC initiative in Portland, Oregon.

Integrating Supportive Housing and Health Care in King County and Washington State

King County Department of Community and Human Services. August 2013.

<http://goo.gl/ZJp7NU>

Commissioned by the King County Department of Community and Human Services, this paper provides an overview of the evolving health care environment and key opportunities for planning efforts related to supportive housing and health care. The paper's lessons are intended for stakeholders on the Committee to End Homelessness.

Local Leaders: Healthier Communities through Design

The American Institute of Architects. 2013.

<http://goo.gl/bIFQY>

This publication describes the role architects can play in creating healthier communities and examines the positive impacts design can have on health. The report includes case studies on successful design policies across various regions in the U.S. which aim to improve public health.

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Alliance for Health Reform
www.allhealth.org

The American Institute of Architects: Design & Health
<http://www.aia.org/practicing/designhealth/>

Bay Area Community Services
<http://www.bayareacs.org/index.html>

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www.brookings.edu

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www.cms.gov

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<http://www.childrenshealthwatch.org/>

Circle the City
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<http://www.coloradocoalition.org/>

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<https://www.colorado.gov/pacific/hcpf/colorado-medicaid>

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<http://www.csh.org/>

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www.familiesusa.org

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www.kff.org

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<http://www.macfound.org/programs/how-housing-matters/>

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