

# Supportive Housing:

## Strengthening Communities, Improving Health

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**G**rowing recognition of the social determinants of health has led to a greater focus on housing as a platform to achieve health equity. Research has shown that there is a powerful relationship between safe, affordable, and quality housing and multiple health outcomes. In many communities, healthy living conditions remain out of reach due to systemic factors such as poverty, residential segregation, and neighborhood disinvestment. As a result, an increasing number of individuals face inequities rooted in housing instability, unaffordable housing, and homelessness.

According to recent estimates, more than 3 million Americans live in shelters, transitional housing, or on the streets each year (National Law Center on Homelessness and Poverty 2015). Families, adult males, people with disabilities, and veterans make up the bulk of this population (National Alliance to End Homelessness 2015). Beyond homelessness, over 7 million people live doubled up with family or friends (National Law Center on Homelessness and Poverty 2015).

Additionally, the number of renters who pay more than half of their income toward housing has jumped 25 percent since 2007 (National Alliance to End Homelessness 2015). Compounding the challenges of skyrocketing housing costs is a critical shortage of affordable housing. New evidence reveals there is no longer a single county in the nation with enough affordable housing for all its extremely low-income renters (Leopold et al. 2015). As housing barriers multiply, individuals are at greater risk for health disparities.

### HOUSING AFFORDABILITY

Affordable housing enables people to live in safe, quality homes and neighborhoods that promote health and opportunity. Unaffordable housing forces low-income families into distressed communities with concentrated poverty and few resources to support wellness, such as parks or grocery stores (Braveman et al. 2011). The economic strain of unaffordable housing can lead to difficult choices between paying for housing and other necessities (Braveman et al. 2011). Severely cost-burdened households, defined as those spending more than 50 percent on housing, spend 70 percent less on health care and 40 percent less on food compared to other households (Joint Center for Housing Studies 2015). Similarly, people experiencing foreclosure are less likely to fill prescriptions or have health insurance (Pollack et al. 2010).

### HOUSING INSTABILITY

The inability to find affordable housing can lead to frequent moves, overcrowding, and evictions. This housing instability has far-reaching effects on health. For example, housing instability has been found to increase the likelihood of depression and other behavioral health problems (Lubell et al. 2014). Research has also shown that a lack of secure housing can put people at risk for disease and prevent people with chronic illnesses from maintaining treatment (Lubell et al. 2014). In addition, housing instability has been linked to low academic performance and a lack of preventive health care for children (Anderson et al. 2003).

### HOMELESSNESS

At its most extreme, housing instability can result in homelessness. People experiencing chronic homelessness are disproportionately affected by chronic diseases such as diabetes, hypertension, and HIV/AIDS; infectious diseases like tuberculosis; and substance abuse and mental illness (U.S. Interagency Council on Homelessness 2015). These conditions are often co-occurring, leading to complex medical needs (National Alliance to End Homelessness 2013). Without adequate housing, it is challenging to store medication, make it to doctors' appointments, prepare healthy foods, or heal from injury or illness (Lubell et al. 2014). Many people experiencing homelessness also lack health coverage, making them more likely to delay seeking care or rely on emergency rooms, contributing to a major drain on the health care system and public services (National Alliance to End Homelessness 2013; Green 2007).

### SUPPORTIVE HOUSING

Supportive housing has emerged as an innovative and comprehensive intervention that addresses the health inequities associated with housing instability, affordability, and homelessness. In this model, housing is combined with wraparound services such as primary and behavioral health care, case management, financial assistance, and legal counseling (U.S. Interagency Council on Homelessness 2015). Supportive housing can include single site housing in apartment buildings and housing developments or scattered-site locations using rent subsidies (U.S. Interagency Council on Homelessness 2015).

Based on an approach called Housing First, supportive housing recognizes that shelter alone is not enough to improve the

lives of vulnerable individuals with complex needs. As an alternative to transitional housing and shelters, Housing First focuses on minimizing barriers to permanent housing and quickly connecting residents to a network of social supports (U.S. Interagency Council on Homelessness 2015). Housing First strategies are driven by the notion that all people are “housing ready” and do not need to wait until they have dealt with issues like substance abuse or chronic illness before they are housed (Cunningham 2009).

A growing body of evidence shows the effectiveness of supportive housing to improve health and reduce costs. In New York City, a groundbreaking study found that on average, people with mental illness who were placed in supportive housing cost the city \$12,145 less than did homeless individuals placed in traditional emergency shelters (Culhane et al. 2002). According to another study, chronically ill people in Chicago who moved into supportive housing were less likely to be hospitalized, less likely to go to the emergency room, and required shorter nursing home stays than homeless individuals receiving inpatient care (Sadowski et al. 2009). Overall, research suggests that the cost to the public for supportive housing is no more than the cost of placing homeless individuals in emergency shelters—and often less (National Alliance to End Homelessness 2010).

## GRANTMAKER ACTIVITIES

Foundations are investing in a range of supportive housing efforts.

- **Funding Pilot Projects** – Many foundations are exploring new ways to bring the Housing First model to communities and fund innovative supportive housing projects. The Missouri Foundation for Health is launching a \$1.5 million program related investment (PRI) fund as part of its Show Me Healthy Housing program, which will provide predevelopment loans to nonprofit organizations to build a pipeline of permanent supportive housing projects to improve health.
- **Expanding Supportive Housing** – Several funders are investing in strategies to increase the supply of supportive housing. The Conrad N. Hilton Foundation has invested \$65 million to fund supportive housing projects in Los Angeles County as part of a targeted approach to ending chronic homelessness. The foundation recently awarded \$4 million to the Los Angeles County Department of Health Services to launch a new supportive housing subsidy program. In 2014 the foundation also made a \$12 million investment, half in grants and half in loans, to the Corporation for Supportive Housing to develop new supportive housing projects.
 

The Sisters of Charity Foundation of Cleveland has invested more than \$1.5 million since 2001 in the Cuyahoga County Housing First Initiative to build new supportive housing units.

The Nicholson Foundation has taken a policy-based approach and funded the development of a 10-year regional plan to end homelessness and expand supportive housing and in Newark and Essex County, New Jersey. The foundation also supports a policy advisor on homelessness and housing development within the Newark Office of the Mayor.

The Kresge Foundation, New York State Health Foundation, The Health Foundation of Central Massachusetts, North Penn Community Health Foundation, and the Health Trust are also investing in a number of related strategies, including financing the construction or renovation of supportive housing units; linking health homes and supportive housing; and building the capacity of health, housing, and social service providers to implement supportive housing programs.

- **Targeting High-Risk Populations** – A number of grantmakers are funding supportive housing efforts that specifically address the needs of populations most vulnerable to housing barriers such as youth, victims of domestic violence, people with HIV/AIDS, and veterans. As part of its efforts to apply a health lens to housing, the New York State Health Foundation is leveraging Medicaid dollars to go toward supportive housing for veterans. Similarly, the Houston Endowment recently invested \$12.5 million to support The Way Home campaign, a citywide effort to end chronic and veteran homelessness by providing additional permanent supportive housing.

## CONCLUSION

By investing in supportive housing, grantmakers can strengthen communities and improve the health of people affected by unaffordable housing, housing instability, and homelessness. Philanthropy can continue to advance supportive housing by exploring new ways to leverage the Affordable Care Act and Medicaid to fund projects; supporting advocacy to enact housing policy; promoting collaboration between the health, housing, and development sectors; and targeting populations most vulnerable to housing and health inequities.

### Health and Housing Resources

**Funders Together to End Homelessness** works to solve homelessness through education, advocacy, strategic collaboration, and sharing best practices.

**Health and Housing Funders Forum** was founded by The Kresge Foundation and the National Center for Healthy Housing to foster collaboration among philanthropic organizations.

**Corporation for Supportive Housing** provides education and training, lending, consulting, and policy reform to advance housing solutions.

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