

June 29, 2022

Chart Book: Housing and Health Problems Are Intertwined. So Are Their Solutions.

Housing policy and health policy have historically been discrete. But there is growing recognition that health and well-being are significantly shaped by access to high-quality, affordable health care and housing. Deeper public investments in health care and housing, supported by [cross-sector partnerships](#), are key to helping people with low incomes obtain and maintain housing that they can afford and that promotes their health and well-being.

Policy decisions like [residential segregation](#) and the failure of some states to expand Medicaid have created barriers to stable housing and access to health care, particularly for people of color and people with low incomes. This chart book describes the relationship between housing and health, then highlights cross-sector policy solutions that promote positive health outcomes, greater housing stability, and advancements in racial, health, and housing equity.

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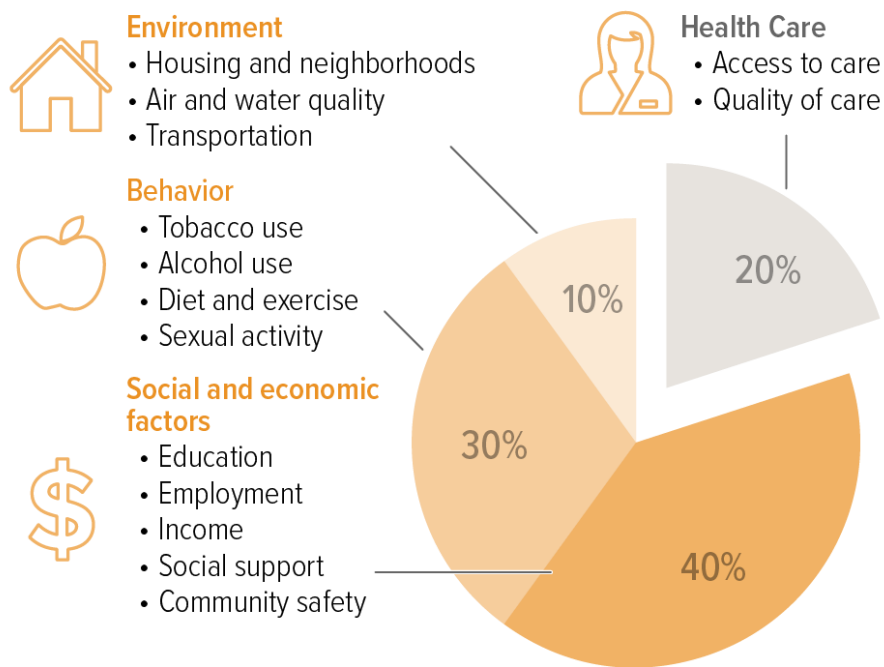
It's Time for Stakeholders to Work in Tandem

How Housing and Health Are Intertwined

Beyond health care, social, economic, and environmental conditions — often called social determinants or drivers of health — have a significant impact on physical and mental well-being. Housing is one crucial driver because where people live often predicts their access to quality health care, education, jobs, food, and other resources. Homes that are overcrowded, have pests, or are deteriorating pose a health and safety risk to the people who live there. Lack of affordable housing causes housing instability in the form of eviction, foreclosure, and homelessness, all of which can further strain health and mental well-being. Improving access to high-quality, affordable housing is associated with improvements in life expectancy and reductions in chronic disease and hospitalizations.

What Drives a Person's Health?

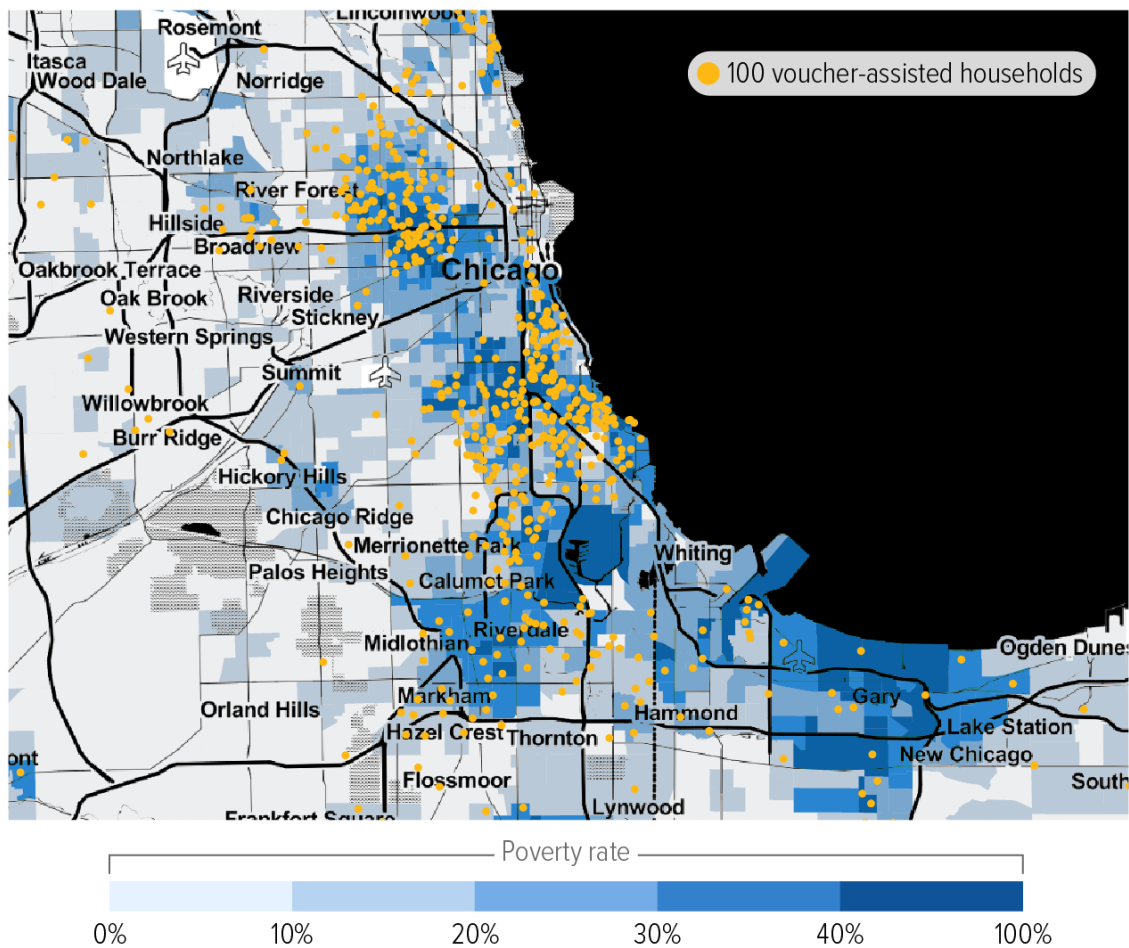
Health care accounts for just 20 percent



Source: County Health Rankings Model, University of Wisconsin Population Health Institute, 2014

Discriminatory housing practices and the rising cost of housing often limit housing choices for people with low incomes. As a result, low-income people, disproportionately people of color, often live in communities facing systematic underinvestment where access to quality health care and services is limited. This lack of investment worsens health disparities for people with low incomes. For example, in Chicago, a city with significant racial and economic segregation, just 14 percent of households with housing vouchers — which help households with low incomes rent privately owned housing — live in low-poverty neighborhoods.

Few Voucher-Assisted Households Live in Low-Poverty Neighborhoods



Note: Low-poverty neighborhoods are Census tracts with a poverty rate of less than 10%. Dots do not represent the precise locations of individual households with vouchers.

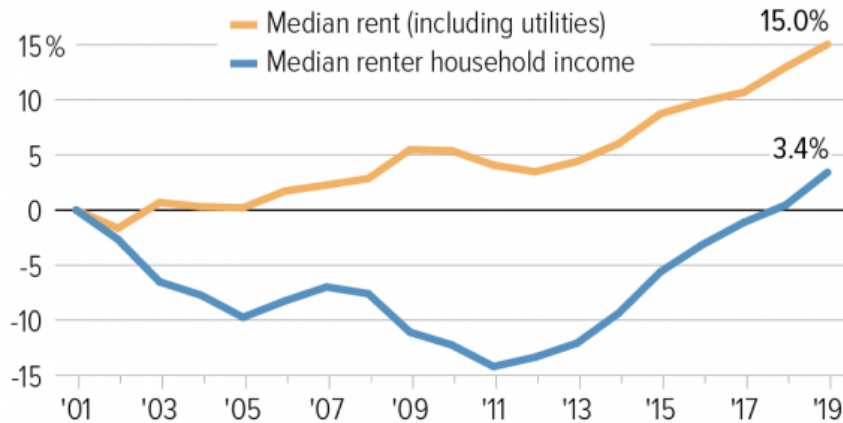
Source: Population data from 2017 HUD administrative data and the 2012-2016 American Community Survey; map imagery data by Stamen Design (stamen.com), under CC BY 3.0 (creativecommons.org/licenses/by/3.0). Data by OpenStreetMap (openstreetmap.org), under ODbL (www.openstreetmap.org/copyright)

Housing Costs Rising Faster Than Wages and Rental Assistance

People with low incomes often cannot afford to choose where they live. Since 2001, median rental costs have risen at a faster rate than renters' incomes. Many workers [haven't seen their wages grow](#) in years, yet [the cost of rental housing continues to rise](#), squeezing household budgets.

Renters' Incomes Haven't Caught Up to Housing Costs

Percent change since 2001, adjusted for inflation

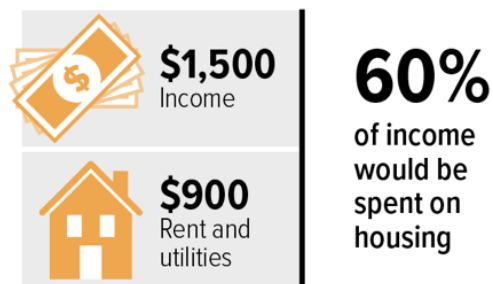


Source: CBPP tabulations of the Census Bureau's American Community Survey

Before the COVID-19 pandemic hit, renters' incomes had nearly returned to 2001 levels following the 2001 and 2007-2009 recessions. But rental costs continued to rise despite fluctuations in the economy. This gap forces many low-income households to struggle with homelessness, evictions, overcrowding, and unaffordable rents.

Without Assistance, Typical Household in HUD Rental Programs Could Not Afford Rent

Monthly gross income and contract rent and utilities for the median working household using a housing voucher or in project-based rental assistance in 2016

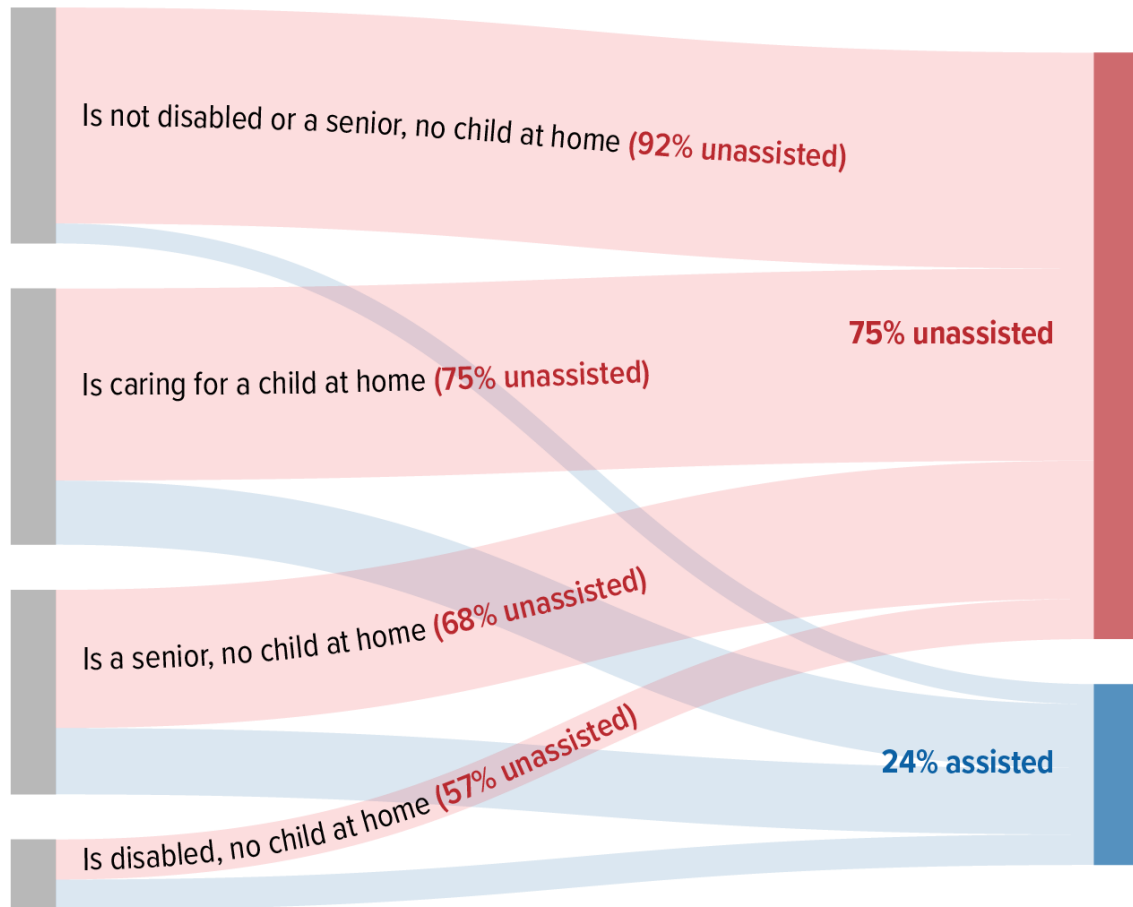


Source: CBPP analysis of 2016 Department of Housing and Urban Development (HUD) administrative data.

And while federal rental assistance programs help more than 5 million low-income households afford housing, another 15.8 million that qualify go unassisted due to funding limitations. In other words, the programs only serve about 1 in 4 qualifying families.

Families and Adults Without Children Have the Greatest Unmet Need for Rental Assistance

Low-income households, assisted and unassisted, headed by someone who:



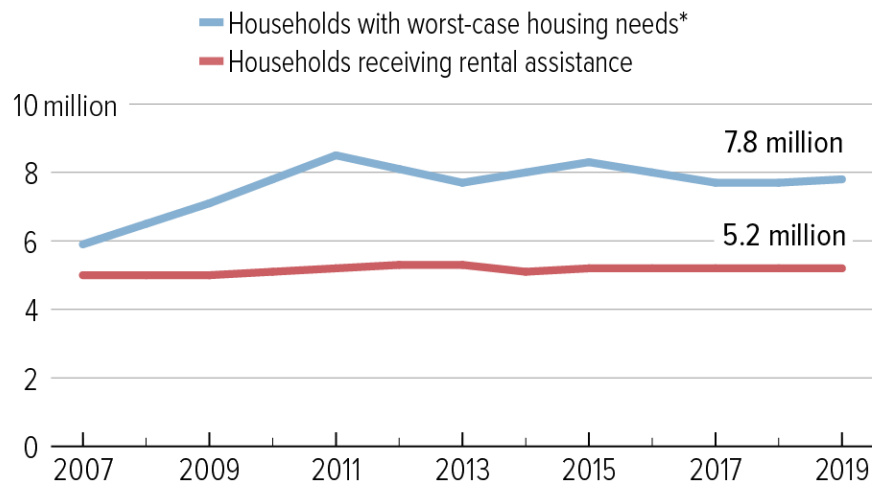
Note: Groups of household types are sized (on left) by number “needing assistance,” which means they pay more than 30 percent of monthly income on housing and/or are living in overcrowded or substandard housing. “Low income” = 80 percent or less of median income.

Sources: Department of Housing and Urban Development (HUD) custom tabulations of the 2019 American Housing Survey and CBPP tabulations of 2018 HUD administrative data; 2020 McKinney-Vento Permanent Supportive Housing, Transitional Housing, Safe Havens, and Other Permanent Housing bed counts; 2019-2020 Housing Opportunities for Persons with AIDS grantee performance profiles; and the Department of Agriculture’s FY2020 Multi-Family Fair Housing Occupancy Report.

Waiting lists for rental assistance can be [years long](#) in communities around the country. More than [700,000 households](#) are on waiting lists, but some housing authorities have closed their waiting list to new applicants; far more households experiencing housing instability and homelessness need assistance but can't get it due to federal funding limitations.

A major reason for these funding limitations is that Housing Choice Vouchers, one of the main federal housing assistance programs, are funded through the annual federal appropriations process — not as an entitlement program, like Medicaid or Medicare, available to anyone who meets the eligibility criteria. Over the last decade, funding available for rental assistance has not kept pace with the number of families struggling to afford rental costs.

Federal Rental Assistance Has Not Kept Pace With Growing Need



*“Worst-case housing needs” = renters with incomes below half of the local median who receive no housing assistance and pay more than half of their income for rent and utilities and/or live in severely substandard housing.

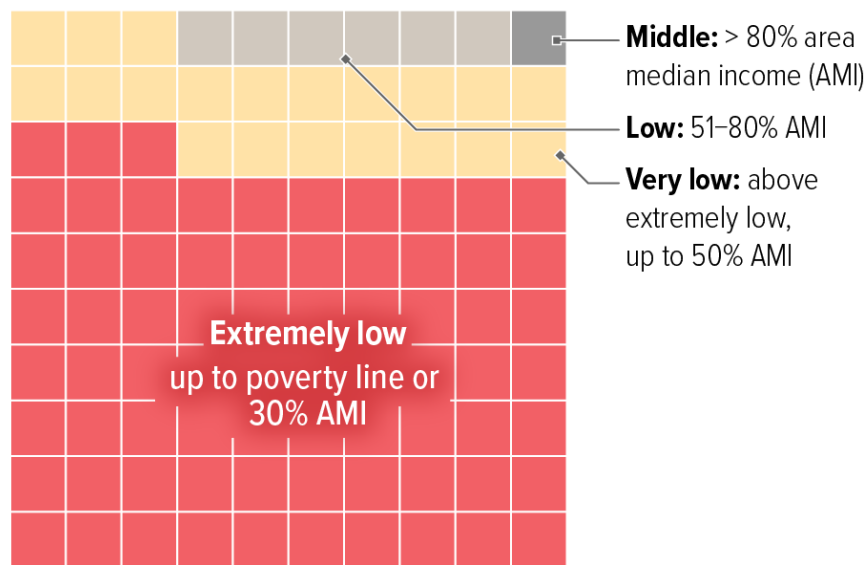
Source: HUD's 2021 Worst Case Needs report and Picture of Subsidized Households data; McKinney-Vento Permanent Supportive Housing, Transitional Housing, Safe Havens, and Other Permanent Housing bed counts; and the Department of Agriculture's Multi-Family Fair Housing Occupancy Reports.

Housing Cost Burdens Especially Acute for Renters of Color, Those With Low Incomes

In 2019, 20.7 million U.S. renter households (about 46.3 million people) paid more than 30 percent of their income for rent, a common benchmark for what's considered affordable. Of these, 11 million households (23.6 million people) were “severely cost burdened,” meaning they spent more than half of their income on rent, leaving little to cover other necessities. Extremely low-income renters — people living below the poverty line or earning less than 30 percent of the local median income — make up the great majority of severely cost-burdened renters.

Most Severely Cost-Burdened Renters Have Extremely Low Incomes

Share of renter households paying more than half their income for housing, by HUD income category; 1 box = 1%



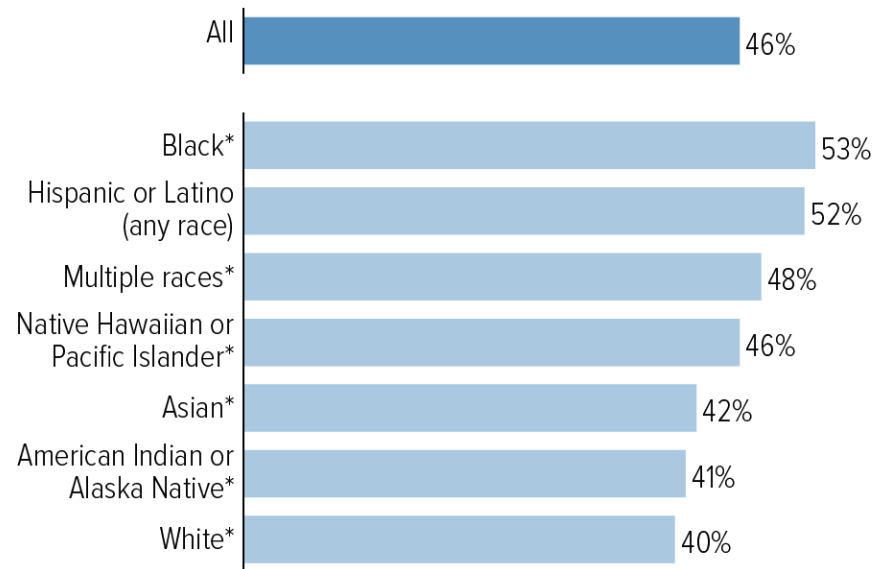
Note: AMI is determined by the Department of Housing and Urban Development (HUD) for families of various sizes in each metropolitan area and rural county.

Source: CBPP analysis of the 2015-2019 American Community Survey and 2019 HUD income limits

Housing affordability in the United States varies significantly by race. Black and Latino renters are the most likely to be housing cost burdened, while white renters are the least likely.

Housing Costs More Likely to Burden Renters of Color

Percent of renters spending more than 30% of income on rent, by race

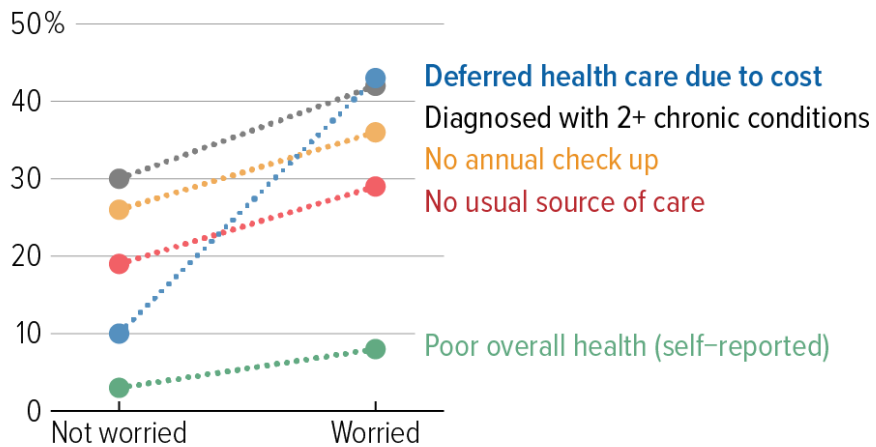


Source: CBPP analysis of 2014-2018 American Community Survey microdata; 2018 Housing and Urban Development area median income limits

People With Housing Difficulties Have Significant Health Needs but Often Forgo Care

High housing costs can force people with low incomes to choose between paying rent and getting needed medical care. People who are worried about paying their rent or mortgage are more likely to postpone getting care due to cost, to not have a usual source of care, and to skip an annual check-up. This lack of routine health care is especially problematic because people worried about paying their rent are also more likely to have multiple chronic conditions, such as hypertension, heart disease, and diabetes. These conditions can be difficult to manage without reliable access to health care and stable housing.

People Worried About Housing Costs Likelier to Forgo Medical Care, Report Poorer Health

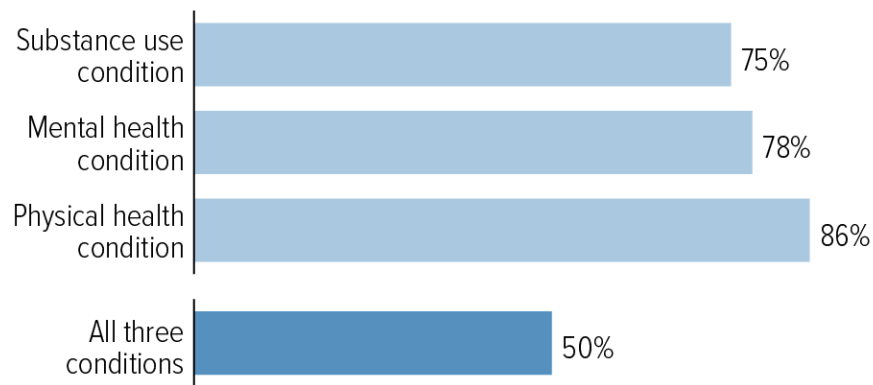


Source: Journal of the American Board of Family Medicine, "Adults with Housing Insecurity Have Worse Access to Primary and Preventive Care," 2019

The lack of affordable housing in the U.S. leaves many low-income renters and homeowners at risk of foreclosure, eviction, and homelessness. Living in crowded shelters, on the street, or in overcrowded homes can take a toll on health and mental well-being. People experiencing homelessness are at greater risk of exposure to violence, extreme weather, poor sanitation, and infection and severe illness from communicable diseases such as COVID-19. People experiencing unsheltered homelessness often have the most health care needs, with half reporting a combination of physical, mental, and substance use conditions that can make it even harder to get and maintain housing.

People Experiencing Unsheltered Homelessness Report Significant Health Needs

Percentage of people experiencing unsheltered homelessness, with:



Note: "Physical health condition" = physical disabilities that limit housing access or independent living; chronic liver, kidney, stomach, lung, heart health issues; HIV or AIDS; and pregnancy.

Source: California Policy Lab Analysis of the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT), 2015-2017

Housing Sector Solutions

Just as housing and health problems are intertwined, so are their solutions. We group the steps stakeholders should take by sector (for example housing vouchers are a housing sector solution; expanding Medicaid coverage of tenancy support services is a health sector solution), but effectively implementing these solutions requires cross-sector collaboration.

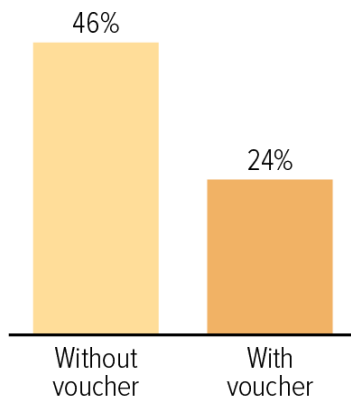
[We start with housing; click here to jump to health.](#)

Expanding Vouchers Would Sharply Reduce Housing Instability, Poverty, and Racial Disparities

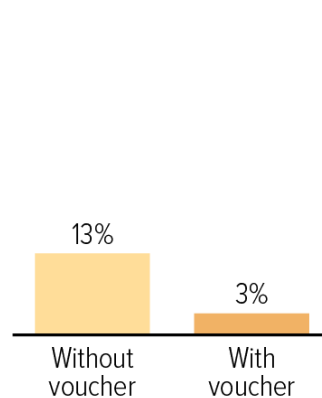
Housing Choice Vouchers are a vital intervention to address overcrowding, homelessness, and housing instability. Expanding the program to give vouchers to all who need them would do more than any available option to reduce these problems, which are associated with negative effects on health and well-being. Vouchers subsidize the cost of housing and let participants use their assistance to rent modest housing listed on the private market. This program has given low-income families more choice in where they live.

Housing Choice Vouchers Sharply Reduced Crowded Housing, Homelessness, and Frequent Moves, Study Shows

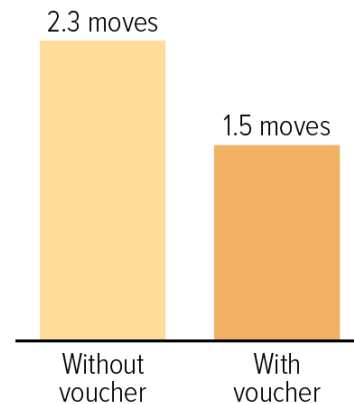
Vouchers reduced the number living in crowded housing by half...



... reduced homelessness by three-quarters



... and reduced the number of moves over a five-year period by more than one-third.

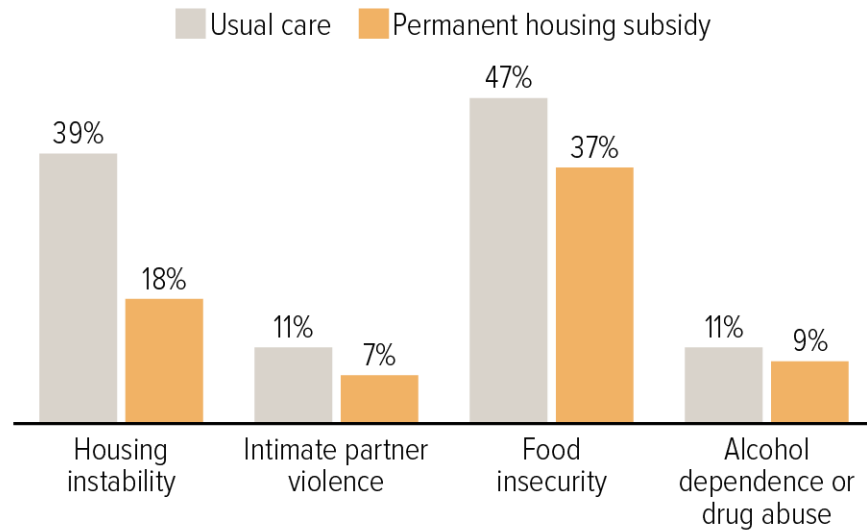


Note: The chart compares the housing status of low-income families in six U.S. cities who were randomly selected to receive a voucher and used it for at least part of the previous year to families in a control group who did not use vouchers. Families experiencing "crowded housing" were living in housing that has less than one room per household member. Number of moves reflects the average moves over a 4.5- to 5-year period since random assignment.

Source: Michelle Wood, Jennifer Turnham, and Gregory Mills, "Housing Affordability and Family Well-Being: Results from the Housing Voucher Evaluation," Housing Policy Debate, 2008.

Vouchers are also key to addressing the health and housing needs of people experiencing homelessness. Families experiencing homelessness who receive vouchers are less likely to experience food insecurity, drug use, alcohol dependence, and psychological distress.

Families With Vouchers Less Likely to Experience Homelessness, Other Hardship



Note: Usual care = emergency shelters/housing or services that families can access without immediate referral to a program that would provide them a place to live.

Housing instability = family reported spending at least one night homeless or doubled up in past six months, or stayed in emergency shelter in past year.

Intimate partner violence = adult reports physical abuse or being threatened with it by person they were romantically involved with, in six months before survey.

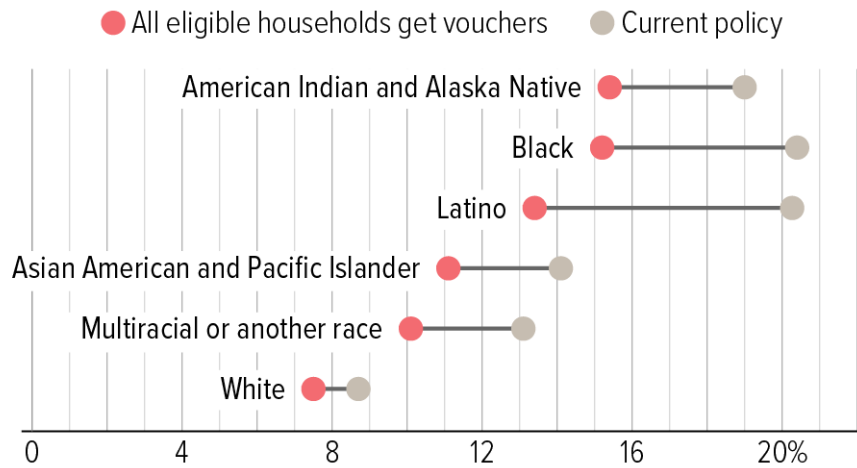
Food insecurity = someone in household had inadequate access to food at some point in year.

Source: Family Options Study: 3-Year Impacts of Housing and Services Interventions for Homeless Families, 2016

Voucher expansion would be one effective strategy to reduce poverty and racial disparities. If Housing Choice Vouchers reached all eligible households, they would lift 9.3 million people out of poverty, reducing child poverty by a third, reducing poverty among people with disabilities by a quarter, and narrowing the gaps in poverty across racial demographics.

Expanding Housing Vouchers to All Eligible Households Would Cut Poverty and Reduce Racial Disparities

Percent of people in poverty by race/ethnicity



Note: Currently about 1 in 4 households eligible for a voucher receives any type of federal rental assistance. Latino category may contain individuals of any race that identify as Latino or Hispanic; other categories exclude individuals that identify as Latino or Hispanic.

Source: Columbia University Center on Social Policy calculations using data from the 2019 Current Population Survey (CPS). Results for American Indian and Alaska Native and multiracial individuals calculated using data from the 2017-2019 CPS. Results for these groups should be interpreted with caution due to sample size constraints.

Supportive Housing Improves Health, Reduces Costs for Some Populations

In addition to rental assistance, renters with complex health needs may need supportive services to maintain their health, housing, and independence. Permanent supportive housing can help address long-term homelessness in tandem by providing affordable housing and voluntary supportive services, such as help remembering to take medications and scheduling medical appointments, help understanding a lease agreement, and making connections to other health and social services in the community. This coordination of services is critical to addressing housing and health care access barriers that people with disabilities and other complex health needs often experience.

A large body of research has shown the far-reaching health benefits of supportive housing. States can leverage Medicaid funding to provide supportive housing, as we describe below.

[Jump to health sector solutions sections.](#)

Supportive Housing Improves Health and Use of Preventive Health Care

Studies find that placement in supportive housing leads to:

Decreases in:



Emergency department visits & inpatient hospitalization



HIV deaths and viral load



Substance use hospitalizations & related deaths

Increases in:



Outpatient mental health visits



Self-rated physical health



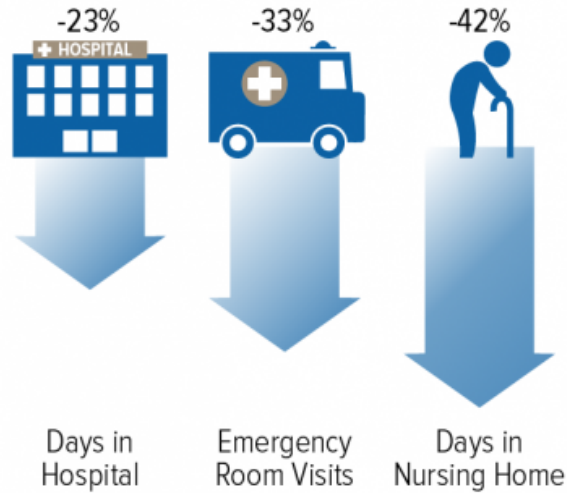
Diabetes screenings & diabetes care

Source: Raven et al. 2020, Reieke et al. 2015, Buchanan et al. 2008, Miller-Archie et al. 2019, Rhodes et al. 2019, Lim et al. 2019

Supportive housing can increase opportunities to receive health care in outpatient settings and reduce the need for high-cost health care like emergency room visits and hospitalizations for people experiencing homelessness. People with chronic health conditions experiencing homelessness who received supportive housing spent fewer days in hospitals and nursing homes and had fewer emergency room visits per year, one study found. These reductions in health care utilization resulted in over \$6,000 in annual savings per person.

Supportive Housing Can Produce Health Care Savings

Combining affordable housing with intensive services for a high-needs group saved an average of over \$6,000 a year per person in health care



Note: Intensive services include help finding housing, working with a landlord, physical and behavioral health care, assistance finding employment, and others.

Source: Anirban Basu, *et al.*, "Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care," *Health Services Research*, February 2012, Vol. 47, No. 1, Part II, pp. 523-543.

Health Sector Solutions

Medicaid is the main source of health coverage for people with some of the greatest barriers to stable housing, including people experiencing or at risk of homelessness, especially in states that have expanded Medicaid to cover adults with income under 138 percent of the federal poverty level. Medicaid is also a critical source of health coverage for people with mental health conditions or substance use disorders, people with a history of involvement with the criminal legal system, and people with disabilities who need services to live successfully in the community.

Medicaid Expansion Reduces Evictions, Uninsured Rates for Those Experiencing Homelessness

Medicaid expansion under the Affordable Care Act (ACA) has increased health insurance coverage rates among people with low incomes. States that expanded have seen widespread improvements in enrollee health and financial outcomes and fewer evictions of low-income renters. But 12 states have not expanded Medicaid, leaving more than 2 million people in those states without a pathway to affordable coverage. Medicaid is at the heart of collaboration between the health and housing sectors; ensuring it is equally available to low-income adults regardless of what state they live in is critical to maximizing Medicaid's role in ensuring stable housing.

Studies: Medicaid Coverage Improves Financial Security



Medicaid expansion reduces total debt sent to third-party collection agencies by an estimated \$1,140 per enrollee



Medicaid enrollees were 40% less likely to skip medical bill payments or borrow to pay them, and 25% less likely to have a bill sent to a collection agency

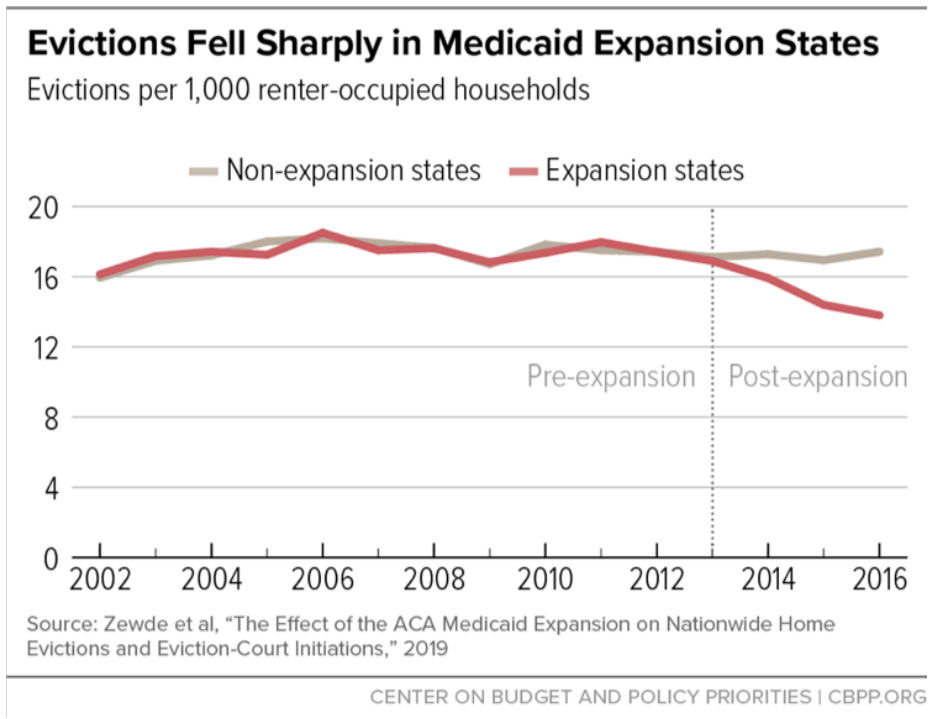


Fewer unpaid bills means better credit and better mortgage, auto, and credit card loan rates, worth an average of \$280 in savings per year

Note: Medicaid expansion refers to extending coverage to low-income adults under the Affordable Care Act

Source: Luojia Hu et al., "The Effect of the Patient Protection and Affordable Care Act Medicaid Expansions on Financial Wellbeing," February 2018; Amy Finkelstein et al., "The Oregon Health Insurance Experiment: Evidence from the First Year," July 2011; Kenneth Brevoort et al., "Medicaid and Financial Health," November 2017

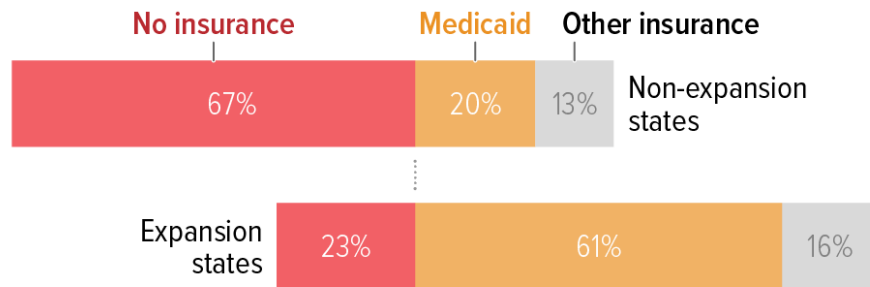
Medicaid expansion is a key strategy for addressing housing instability for people with low incomes; by providing enrollees with financial protection from high medical bills, Medicaid can free up income that enrollees can use to pay rent or to avoid eviction by paying back rent and halting eviction proceedings. Evictions fell by about 20 percent in expansion compared to non-expansion states. The 12 states that have not yet expanded Medicaid should do so, and in the meantime Congress should close the coverage gap and ensure all low-income people have an affordable coverage option. This would improve access to health care and reduce housing insecurity.



For people experiencing homelessness, access to health insurance increases access to primary care, mental health services, substance use treatment, supported employment, and transportation to medical appointments. After Medicaid expansion, Health Care for the Homeless clinics in expansion states saw a large increase in insurance coverage among clients experiencing homelessness and housing insecurity. People experiencing homelessness in non-expansion states are three times more likely to be uninsured than those living in expansion states.

People Experiencing Homelessness Likelier to Have Health Coverage in States That Expanded Medicaid

Source of coverage, if any, at Health Care for the Homeless programs, 2019



Note: The Affordable Care Act gave states the option to expand Medicaid to adults with income up to 138 percent of the poverty line starting in 2014. "Other insurance" includes private insurance, dual eligibility for Medicare and Medicaid, or Medicare and another public insurance option.

Source: National Health Care for the Homeless (HCH) Council, "Health Insurance at HCH Programs, 2019"

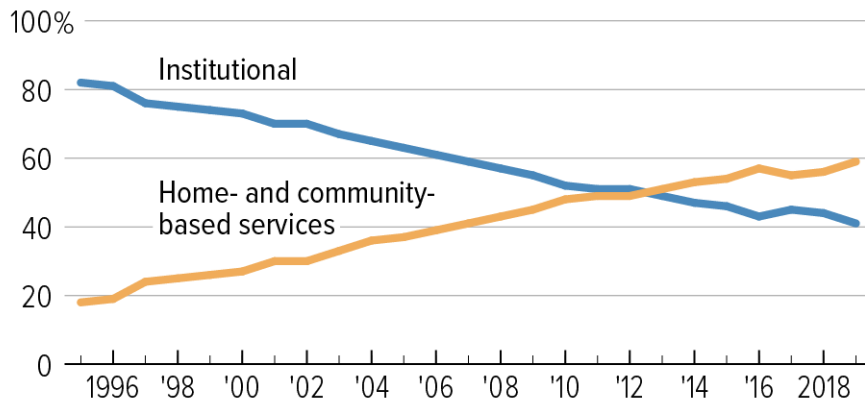
Leveraging Medicaid to Address Housing-Related Needs Through HCBS, Supportive Housing

In Medicaid, states are obligated to cover long-term care only in institutional settings; home- and community-based services (HCBS) are optional. Many states have addressed this “institutional bias” by implementing HCBS waivers and state plan options to provide services in the community to targeted populations. Since 2013, more than half of Medicaid long-term services and supports (LTSS) have been delivered in community-based settings, although the proportion varies widely by state.

Medicaid is the major source of funding for HCBS, but states can limit how many people they serve through their HCBS waivers, which means thousands of people go without the care they need to live in the community. In addition, the lack of affordable, accessible housing makes it difficult for many people to transition out of institutional settings and into their own homes. People with disabilities, mental illness, and substance use disorders face some of the greatest barriers to securing and maintaining housing.

States Have Shifted Spending to Home- and Community-Based Services, and Away From Institution-Based Services

Share of total Medicaid long-term services and supports spending



Source: “Medicaid Long Term Services and Supports Annual Expenditures Report, Federal Fiscal Year 2019,” December 9, 2021

The American Rescue Plan Act temporarily increased federal matching funds for Medicaid HCBS. States must spend the increased funding on activities to enhance, expand, or strengthen HCBS. Twenty-one states plan to use a portion of their funds for housing-related investments, an indication of need in this area as well as an opportunity for stronger cross-sector collaboration.

21 States Are Using Rescue Plan’s HCBS Funding for Housing-Related Initiatives

<p>Homelessness reduction/prevention: 8 states (CA, KS, MA, MI, MN, NH, RI, WA)</p>	<p>Tenancy supports/supportive housing: 8 states (CT, DE, MA, ND, NM, NY, SD, UT)</p>	
<p>Housing development: 4 states (IN, NJ, NM, WA)</p>	<p>Staffing for health-housing partnerships: 3 states (DC, IN, OK)</p>	<p>Other housing-related activities: 2 states (HI, KY)</p>

Note: HCBS = home- and community-based services

Source: CBPP analysis of states' HCBS plans under Rescue Plan section 9817

States can use Medicaid HCBS waivers and state plan options to help people find and retain affordable housing (known as pre-tenancy and tenancy supports). States can also cover other services that can help people get and maintain stable housing, such as peer supports, supported employment, and case management.

Housing-Related Services That States Can Choose to Cover With Medicaid

Pre-Tenancy Supports



Identify and address barriers to successful tenancy



Locate adequate housing



Assist with housing applications



Arrange details of the move



Pay one-time fees:

- security deposit
- moving expenses
- utility set-up fees
- safety modification

Tenancy-Sustaining Supports



Identify risks for eviction



Educate on tenant's rights and responsibilities



Link to community resources



Resolve disputes with landlords and neighbors

Source: Centers for Medicare & Medicaid Services State Health Official Letter #21-001

Housing-related services and supports are particularly valuable for Medicaid enrollees affected by homelessness, housing instability, mental illness, or substance use, or who are reentering the community from jail or prison.

Not all states cover tenancy supports in their Medicaid programs, and eligibility and scope of services vary significantly in those that do. Six states provide tenancy supports through a section 1915(i) state plan amendment (SPA). Unlike HCBS waivers, expanding services through a SPA lets states offer services to people who do not require an institutional level of care, including people with mental illness who often don't qualify for HCBS waiver services. The 1915(i) option allows states to target benefits based on functional and need-based criteria on the premise that providing the benefit(s) may improve health and prevent the need for future institutionalization for these people. For example, some states use 1915(i) to make tenancy supports available to people with a mental health or substance use disorder who are experiencing or at risk of experiencing homelessness. When a state adopts a 1915(i) SPA, it must provide services to everyone who meets the eligibility criteria; states may not set enrollment caps or use waiting lists.

Benefits of Housing-Related Services and Supports for Medicaid Enrollees With Complex Needs



People experiencing homelessness or housing insecurity:

Supports can help prevent evictions, provide access to permanent, affordable housing



People with a substance use disorder:

Access to stable housing can help support treatment and recovery



People with severe mental illness:

Case management can support planning and decision making. Access to care in the community can prevent long-term psychiatric institutionalization



People leaving prison or jail:

Connection to housing after release can prevent homelessness and promote continuity of health care



Sources: Dennis P. Culhane et al., "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing," 2002; Martha Burt et al., "Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Literature Synthesis and Environmental Scan," January 2011; Jocelyn Fontaine et al., "Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project," August 2012

It's Time for Stakeholders to Work in Tandem

Partnerships between the health and housing sectors are key to helping people with low incomes obtain and maintain housing that they can afford. Neither sector has the funding, infrastructure, or expertise to deliver housing and services singlehandedly. One way the housing and health sectors can maximize their resources and expertise is to advance unified policy goals including increased federal funding for affordable housing (especially vouchers targeted for people with the lowest incomes) and increased Medicaid coverage (adopting the ACA's Medicaid expansion and expanding optional coverage of housing-related services). Funding is also needed to support effective coordination of Medicaid and other federal health funding (such as grants for behavioral health services, community health centers, and public health) with housing resources to comprehensively meet people's physical, behavioral, and social support needs.

Stakeholders in the Housing and Health Care Sectors

A non-comprehensive outline of potential partners for stakeholders in each field

	 Health Care Sector Stakeholders	 Rental/Affordable Housing Sector Stakeholders
Individuals	Vulnerable populations,* including: <ul style="list-style-type: none"> • Seniors • People with disabilities • People with chronic physical and behavioral health conditions • Families with children • Youth and young adults 	<ul style="list-style-type: none"> • Low-income people who pay more than 30 percent of their income in rent or live in substandard housing or distressed neighborhoods • People experiencing homelessness • People leaving institutional care <ul style="list-style-type: none"> › Nursing homes › Behavioral health facilities › Jails and prisons
Providers	<ul style="list-style-type: none"> • Hospitals • Behavioral health clinics/treatment • HCBS providers • Nursing home/assisted living facilities • Public health agencies/clinics • Community health centers • Jails and prison systems 	<ul style="list-style-type: none"> • Landlords • Property owners and managers • Public housing agencies • Investors • Housing developers (both for- and non-profit) • Resident services organizations • Targeted nonprofit housing providers (e.g., supportive housing, senior housing, recovery housing, etc.)
Government**	<ul style="list-style-type: none"> • Federal Department of Health and Human Services • State health agencies (such as state departments of health and human services or health insurance marketplaces) • Local public health departments • Local/regional behavioral health agencies or boards 	<ul style="list-style-type: none"> • Federal Department of Housing and Urban Development • Public housing agencies • Homelessness service agencies • State housing finance agencies • State community development departments • City/county planning and zoning departments
Payers	<ul style="list-style-type: none"> • Medicaid <ul style="list-style-type: none"> › State Medicaid agencies › Medicaid managed care › Coordinated care networks • Medicare <ul style="list-style-type: none"> › Medicare Advantage • Private insurance 	<ul style="list-style-type: none"> • Tenants • Public housing agencies • Homelessness service agencies • Federal Department of Housing and Urban Development • State and local governments

* Any individual who accesses health care is a stakeholder in the system, but for the purposes of this resource, the focus is on vulnerable populations.

**Includes quasi-government agencies.