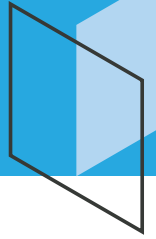


Housing as Healthcare

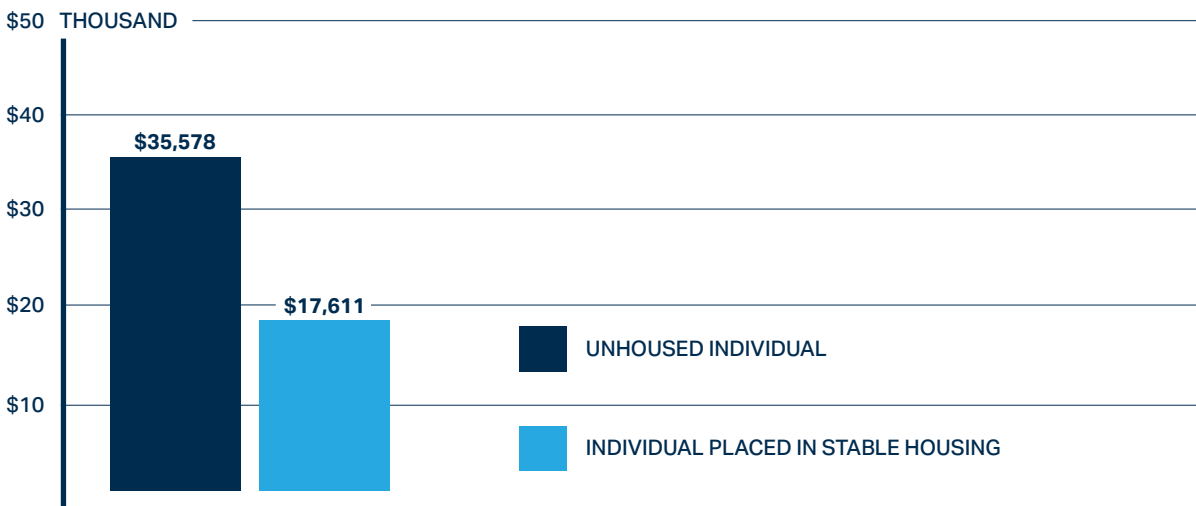


Adequate and equitable housing is often considered a separate entity from essential needs like healthcare and infrastructure, but in actuality, it has been proven in multiple contexts to be at the core of well-being and quality of life as a key social determinant of health (SDOH). This is evident in the markedly shorter lifespans of individuals experiencing chronic homelessness. For instance, a study of unsheltered adults in California showed an [average life expectancy of 42 to 52 years](#), in stark contrast to the [national average of 78.8 years](#) reported by the CDC.

Recognizing the intrinsic relationship between housing and healthcare not only aids our most vulnerable populations but also benefits the communities they are a part of, vastly reducing taxpayer costs by alleviating financial pressure on hospitals and clinics. Homeless individuals frequently resort to emergency departments for medical attention. According to GreenDoors, these [visits average about five times annually, with the heaviest users visiting weekly](#). Each emergency department visit incurs a cost of \$3,700, adding up to \$18,500 per year per individual and a substantial \$44,400 for the most frequent users. The repercussions of homelessness extend beyond short-term health issues; homeless individuals experience chronic health conditions at significantly higher rates than the general population. Shockingly, 80% of these emergency room visits could have been prevented with proper preventative care.

AVERAGE ANNUAL TAXPAYER COSTS FOR HOMELESS INDIVIDUALS ACCESSING HEALTHCARE

Source: The National Alliance to End Homelessness



A [study by The National Alliance to End Homelessness](#) reveals that taxpayers spend an average of \$35,578 per year on each person experiencing chronic homelessness. However, when these populations are placed in stable housing, there is a remarkable reduction of 49.5% in average costs. This highlights how investing in housing not only improves lives, but also generates substantial savings by diminishing the strain on emergency healthcare services.

Many facets that compose the embodiment of well-being are impacted by the lack of a stable living environment: physical and mental health, utilization of preventative care, effective chronic disease management, and reliable access to healthcare services.

Physical Health

The impact of housing on physical health is profound, as it protects people from various potentially damaging environmental factors. A crucial aspect of housing is safeguarding individuals from the elements, particularly for those who sleep outside where finding regular access to bathrooms and showers is challenging. Recent research underscores that [many individuals experiencing homelessness contend with underlying medical conditions](#) that heighten their susceptibility to complications or substance use disorders, increasing the risk of drug-related infectious diseases.

The repercussions of inadequate shelter extend to safety hazards that precipitate injuries. Such conditions elevate the likelihood of falls, burns, cuts, and other accidents, culminating in physical harm and subsequent health complications. Optimal housing, on the other hand, furnishes a secure refuge that shields individuals from extreme weather conditions like excessive heat, cold snaps, rain, or storms. Having access to a protective environment with reliable heating and air conditioning mitigates the risk of heatstroke, hypothermia, and other weather-associated health concerns.

Furthermore, housing conditions play a pivotal role in air quality. Properly maintained dwellings with adequate ventilation diminish the threat of indoor air pollution, stemming from sources like cooking emissions, mold, dust mites, and pet dander. Poor air quality is a precursor to respiratory ailments such as asthma, allergies, and respiratory infections.

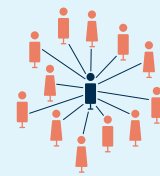
The geographical location of housing also dictates exposure levels to outdoor pollutants such as industrial emissions, vehicle exhaust, or hazardous substances. Residing in areas with high pollution levels amplifies the vulnerability to respiratory and cardiovascular diseases, encompassing conditions like lung cancer and asthma. Adequate housing, particularly in regions with good air quality, serves to curtail exposure to these detrimental pollutants.



RATE OF INFECTION

Infectious diseases can be spread more rapidly in overcrowded or unsanitary living conditions often experienced by homeless communities.

Source: The Lancet, University of Michigan School of Public Health, Johns Hopkins University School of Public Health, Vaccines 5th Edition, Scientific American



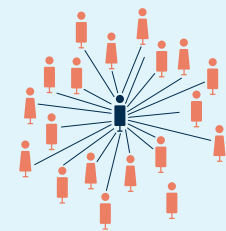
CHICKEN POX



COVID-19 (Delta Strain)



INFLUENZA



MEASELS



RSV



TUBERCULOSIS

The World Health Organization confirms that [overcrowded or unsanitary living conditions can promote the dissemination of infectious diseases](#): proximity to others heightens the risk of respiratory infections, gastrointestinal disorders, and vector-borne diseases. The absence of proper shelter aligns with a dearth of sanitation and hygiene facilities, heightening the susceptibility to waterborne or foodborne illnesses in vulnerable communities.

Improving housing conditions and ensuring shelter availability, especially for marginalized populations, can play a pivotal role in physical health. A comprehensive report by The American Family Physician underscores that this subset of the population, grappling with multifaceted medical problems compounded by economic and social challenges like homelessness, causes [notable burdens for the healthcare system, local communities, and government resources](#). Strategic policies aimed at creating safe, affordable, and quality housing significantly contribute to alleviating the burden of respiratory conditions, injuries, and the spread of infectious diseases.

PREVALENCE OF INFECTIOUS DISEASE IN HOMELESS POPULATIONS

Source: Health Conditions Among Individuals with a History of Homelessness

Condition	Homeless Population	General Population
Tuberculosis	3.2%	0.8%
HIV	5.8%	1.1%
Viral Hepatitis	17.5%	3.4%
Pneumonia	3.4%	1.5%

Mental Health

The National Alliance on Mental Illness underscores that many individuals grappling with serious mental illness rely on Supplemental Security Income (SSI), [an average of just 18% of the median income](#), which often renders securing an affordable home a nearly insurmountable task. Establishing suitable housing is of [paramount importance in preserving mental health](#). Experiencing homelessness or residing in inadequate shelter conditions can precipitate enduring stress, anxiety, depression, and other mental health challenges.

Research affirms the [detrimental impact of homelessness on mental health](#). Comparative studies between homeless individuals and those with stable residences show a higher prevalence of depression, self-harming ideation, substance misuse, and trauma among populations experiencing homelessness. [This extensive research spanning numerous years](#) furnishes compelling proof of the destructive effect of homelessness on mental well-being.



This effect can often lead to the development of substance dependencies. While many narratives claim that substance use disorder is a direct cause of homelessness, various studies have confirmed the [prevalence of the social adaptation model](#): whether it's to cope with the chaos of being newly displaced and in unsafe conditions or to adopt behavioral patterns normalized in a new environment, the instability of living unsheltered is an exceedingly common catalyst for people misusing substances. Once these patterns are established, it becomes exponentially more difficult to maintain mental health or engage in recovery – a cycle that could be prevented by readily available, equitable housing opportunities.

Housing, or the lack thereof, influences mental health primarily through the tenets of stability and security. A shelter that offers security creates a predictable and safe environment, curtailing the uncertainty and stress that accompany homelessness or frequent relocations. This stability enables the establishment of routines, the nurturing of relationships, and the cultivation of a sense of command over one's living environment.

Moreover, access to appropriate housing cultivates a sense of community. It supplies individuals with a space they can personally identify with, fostering pride and connection. A foundation of stable housing facilitates social interactions with neighbors, friends, and local support networks, alleviating social isolation and improving mental health outcomes.

Many individuals with serious mental illness rely on Supplemental Security Income (SSI), an average of **18% of the median income.**

-NATIONAL ALLIANCE TO END HOMELESSNESS

Inadequate shelter conditions—ranging from overcrowding to substandard living situations and privacy deprivation—contribute to chronic stress. The fear of losing housing or becoming homeless precipitates significant psychological burdens on individuals and families alike. Chronic stress acts as a catalyst for anxiety, depression, and various other mental health disorders. Access to secure and attainable housing serves as a countermeasure to these stressors. Secure housing becomes indispensable for the journey of recovery, particularly for those with traumatic experiences. Trauma, stemming from domestic violence, natural disasters, or displacement, has enduring ramifications for mental health. The provision of safe shelter options forms a supportive atmosphere where individuals have the space to reconstruct their lives.



Furthermore, stable shelter acts as a conduit to vital support services. Reliable housing simplifies engagement in therapy, counseling, and other forms of mental health support. Programs combining housing and support services can effectively address both housing and mental health requisites concurrently, improving overall well-being. A [comprehensive report by the National Coalition for the Homeless](#) underscores that the foundation of treatment is the dual focus on securing stable housing and granting access to therapy, supportive services, and ultimately, employment.

Preventative Care

A stable home increases the likelihood of consistent healthcare, including crucial preventive measures such as vaccinations, check-ups, and screenings. In contrast, unstable housing poses barriers to accessing healthcare services, leading to potential delays or missed preventive care. Research highlights stable housing correlating with diminished reliance on emergency rooms for non-urgent health concerns. An American Journal of Public Health study reveals that [those with stable housing demonstrate reduced dependency on emergency rooms](#), indicating superior access to preventive and primary care services.

Secure shelter significantly streamlines access to preventive healthcare: individuals in stable homes establish consistent healthcare routines, fostering provider relationships and easing appointment scheduling and attendance.

Vaccinations represent a linchpin of preventive care, offering protection against a range of infectious diseases. Stable shelter provides an address, facilitating healthcare outreach for essential vaccinations and medications. A study in the Journal of Urban Health underscores [that housing instability corresponds to lower medication adherence compared to those in stable housing](#).

Stable housing also functions as a conduit for effective health education from healthcare providers and community organizations. With a fixed address, individuals receive information about preventive care, healthy lifestyle choices, and community resources. This fosters the distribution of educational materials, coordination of health fairs, and implementation of community-based preventive care programs.

Conversely, unstable housing conditions present significant barriers in accessing preventive care. A lack of permanent address complicates retaining a regular healthcare provider, impeding timely preventive services. Challenges like homelessness, frequent relocations, limited transportation options, and absence of proper contact details contribute to appointment no-shows and deferred or incomplete preventive care.

Medical Invoice

PATIENT INFORMATION

Jane Doe

INVOICE

12345

NOTE:

Insurance N/A
Chronic Pneumonia

ITEM	DATE	AMOUNT
ER Check Up	01/03/22	\$3,700
ER Check Up	02/15/22	\$3,700
ER Check Up	05/07/22	\$3,700
ER Check Up	09/04/22	\$3,700
ER Check Up	11/23/22	\$3,700
		TOTAL
		\$18,500

On average each E.R. visit incurs a cost of \$3,700, adding up to \$18,500 per year per individual. For the most frequent users, this can add up to \$44,400 per year.

Chronic Disease Management

Effectively managing chronic conditions necessitates an ongoing and supportive living environment. Adequate housing plays a pivotal role in this endeavor by enabling successful self-care and healthcare routines. A study in the Journal of General Internal Medicine underscores that [stable housing aids disease management by encouraging regular check-ups and treatment plan adherence](#), leading to improved health outcomes.

A central factor chronic disease management is medication adherence. Secure housing ensures proper adherence by providing a stable environment for storing and taking prescribed medications. Consistent living situations mitigate medication loss or damage, promoting adherence and enabling the establishment of routines and reminders for medication intake.

Evidence from the Journal of Planning Literature suggests that [stable housing positively affects behaviors](#) like medication compliance, HIV testing utilization, adherence to methadone programs, and sobriety maintenance.

Equally significant are regular follow-up appointments with healthcare providers. Stable housing ensures continuity of care by offering a fixed address and minimizing disruptions. It empowers individuals to attend appointments without the hindrance of frequent moves or homelessness, facilitating consistent communication between patients and healthcare professionals. This aids in ongoing condition monitoring, treatment plan adjustments, and timely interventions.



30% of individuals experiencing homelessness have ongoing disabilities compared to **13%** of the general population.

-DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

In tandem with medication adherence and appointments, self-care is an important part of chronic disease management. Adequate housing supplies the necessary space and resources for self-care activities. This stable environment provides control and autonomy, enabling individuals to prioritize and engage in vital self-care practices for managing their conditions.

Successfully managing a chronic disease often requires access to specialized care and therapy sessions, and stable housing can foster provider relationships, enabling the creation of personalized care plans and continuous condition monitoring.

In comparison, a lack of secure housing disrupts healthcare routines and impedes effective chronic disease management. Approximately 30% of individuals experiencing chronic homelessness have ongoing disabilities compared to 13% of the general population, according to a [survey conducted by the Department of Housing and Urban Development](#). Unstable living conditions, frequent moves, and homelessness hinder medication adherence, regular appointments, and self-care. The stress and uncertainty of unstable housing exacerbate the challenge of managing chronic conditions, resulting in negative, often life-threatening outcomes.

PREVALENCE OF CHRONIC HEALTH CONDITIONS IN HOMELESS POPULATIONS

Source: Health Conditions Among Individuals with a History of Homelessness

Condition	Homeless Population	General Population
Asthma	24.2%	16.7%
Cerebrovascular accident (Stroke)	4.3%	1.0%
Dementia	5.7%	1.9%
Diabetes	26.2%	22.4%
Heart Disease	45.5%	38.2%
Kidney Disease	27.5%	25.0%
Pneumonia	3.4%	1.5%

Access to Healthcare Services

Housing circumstances have a significant impact on healthcare access. According to the National Health Care for the Homeless Council, [70% of Health Care for the Homeless \(HCH\) clients lack health insurance](#). Housing determines a person's ability to access healthcare facilities, obtain insurance, secure transportation, and reside near quality healthcare resources. Inadequate shelter comes with barriers that restrict medical care access, particularly for marginalized groups.

Proximity to healthcare facilities greatly affects access. Proper housing near providers minimizes travel time and offers convenience, easing access to primary care, specialists, emergency care, and other vital resources.

Transportation availability is closely tied to housing for healthcare access. Adequate shelter should include access to reliable transportation options like public transit or private vehicles. Limited transportation infrastructure or the absence of personal vehicles can obstruct access to healthcare facilities, especially for routine appointments or emergencies and for those with mobility challenges.



 **70%** of Health Care for the Homeless clients lack health insurance.
- NATIONAL HEALTH CARE FOR THE HOMELESS

Quality healthcare infrastructure is shaped by housing. The American Journal of Epidemiology reports a [clear link between neighborhood poverty and health](#). Adequate housing tends to be in areas with robust healthcare facilities, including hospitals, clinics, and healthcare centers. These areas offer comprehensive medical services, specialized care, and a diverse range of healthcare professionals.

In stark contrast, people living in inadequate housing in marginalized, low-income neighborhoods or experiencing homelessness largely have inadequate access to healthcare infrastructure and essential medical resources.

Equitable Housing is Equitable Healthcare

The undeniable connection between housing and healthcare is rooted in the recognition of [housing as a basic human right](#) (United Nations, 2014). As discussed, equitable housing significantly improves physical health, mental health, access to preventative care, and success of chronic disease management. Access to stable and secure housing also builds a foundation that allows residents to actively contribute to the social and economic makeup of their communities.

The previously cited article from Journal of Planning Literature underscores the [remarkable health improvements](#) seen when populations experiencing homelessness transition to stable housing. Insights from 40 health papers consistently showcase positive outcomes in areas such as insomnia reduction, lowered rates of HIV and other infections, decreased hospitalizations and emergency room utilization, expedited access to doctors, and positive growth in child development. Notably, mental health also flourishes with safe housing, with a notable reduction in mental distress, depression, and anxiety.

Recognizing housing as a social determinant of health requires addressing it as a healthcare concern. Integrated approaches that unite housing support and healthcare services are crucial in enhancing health outcomes.

Clearly, the relationship between housing and healthcare underscores the potential for better well-being at both individual and community levels. [Innovative models like the Pallet shelter village in Boston](#), which combines interim shelter with a broad spectrum of onsite healthcare services for residents, offer a tailored solution that creates more sustainable pathways for vulnerable groups. By prioritizing safe, affordable, and appropriate housing options coupled with conscious attempts to bridge housing disparities, we can create healthier populations, alleviate cost burdens on the healthcare industry and taxpayers, and champion equitable healthcare access for all.

“ We believe housing is a basic human right that all people are entitled to. As politicians look to embrace innovative housing models as a contributing solution to the current housing crisis, we need to work together to find comprehensive solutions that seek to sustainably end unsheltered homelessness. The ultimate goal should include the rehabilitation of traumatized populations to facilitate successful reintegration, which results in safer communities for everyone. ”

-AMY KING, PALLET FOUNDER AND CEO



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