



ARIZONA PARTNERSHIP FOR
HEALTHY COMMUNITIES

Place Matters

THE INTERSECTION OF HOUSING AND HEALTH

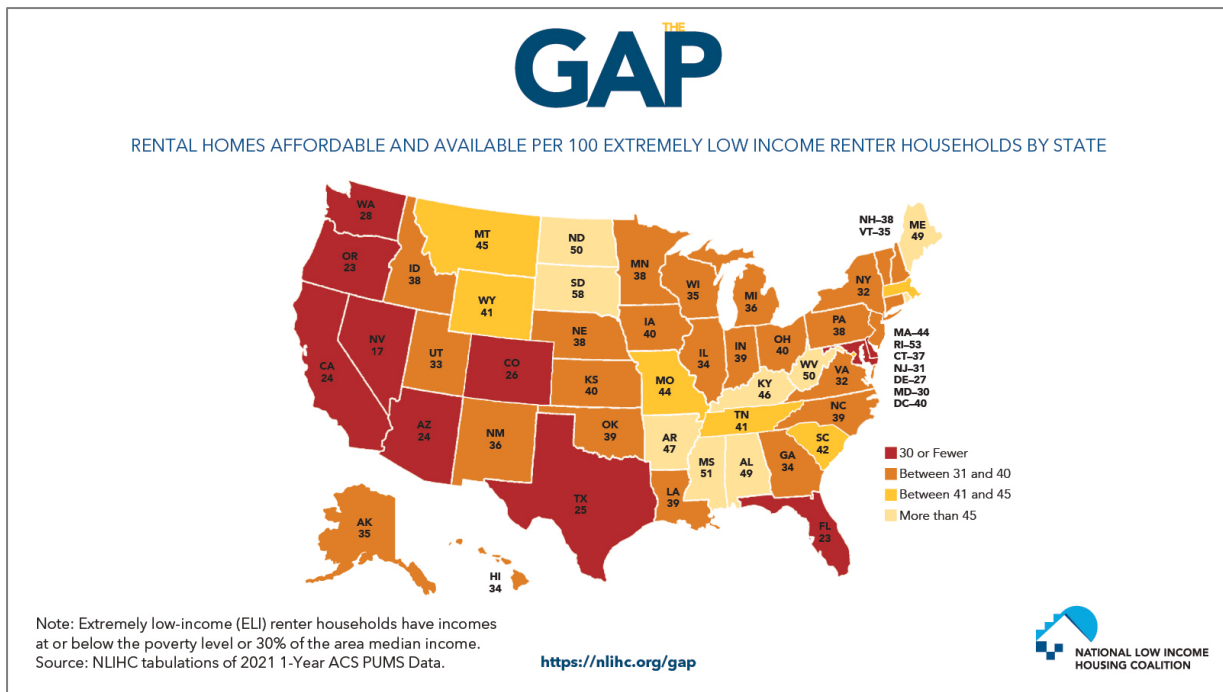
JUNE 30, 2023

The [Arizona Partnership for Healthy Communities](#), through its managing partner LISC Phoenix, is continuing its 'Place Matters' series - An exploration on how factors outside of medical care impact health, the identification of successful evidence-based practices for improving health outcomes, and the demonstration of existing evidence around cost savings in promoting healthy communities. This ongoing section in the series examines the connections between housing and health and has been updated for the Arizona Health Improvement Plan / Social Determinants of Health Grant.

Housing and health are becoming increasingly intertwined, and the well-being of individuals and families are significantly shaped by access to safe, stable, accessible, and affordable rents and mortgages. Deeper public investments in housing, supported by cross-sector partnerships, are key to helping people with low incomes obtain and maintain housing they can afford, which promotes their health and well-being.¹

Across Arizona, there is particularly a shortage of affordable rental homes made available to extremely low-income households (ELI), those whose incomes are at or below the poverty guideline or 30% of their area median income (AMI). 80% of these households are severely cost burdened, spending more than half of their income on housing. This mark ranks Arizona the fourth highest in the Nation. Severely cost burdened, poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to more frequently experience unstable housing situations like evictions.² In addition, Arizona has one of the highest housing loss rates in the country, and Maricopa County (Arizona’s most populous) leads the United States in evictions, having a rate of nearly twice the national average.³

Inadequate housing especially affects the livelihoods of children in adverse ways, both through the environmental elements associated with the physical localities of substandard stock, as well as through neglect which is often related with parents’ and caregivers’ inability to provide suitable child-rearing support due to disproportionate demands on their time and limited resources.⁴



¹ “[Chart Book: Housing and Health Problems Are Intertwined. So Are Their Solutions.](#)” Center on Budget and Policy Priorities, June 2022.

² “[Housing Needs by State / Arizona](#),” National Low Income Housing Coalition, 2021.

³ Lamar Shea, Lora Phillips, and Patricia Solis, “[Visualization: Maricopa County Evictions Dashboard](#),” Resilience Data Dashboard Series, Knowledge Exchange for Resilience, Maricopa County Justice Courts, 2021.

⁴ Sara Heath, “[Strategies to Address Housing as a Social Determinant of Health](#),” Patient Engagement HIT, Xtelligent Healthcare Media, March 2021.

The undeniable correlation between having stable housing and improved health outcomes makes addressing housing an important priority. Housing security can be a powerful tool in addressing AHCCCS (Arizona’s Medicaid Program) costs and improving job retention, education metrics, and overall community health. The broader affordability crisis has continued to worsen in the intervening years since the 2009 economic recession, and in the wake of the COVID-19 pandemic, housing has emerged as a foundational key to understanding the social determinants of health and their impact on healthcare costs.⁵

There are also significant impediments to the goal of achieving the optimal level of investment in affordable rents and mortgages as a social health determinant by both the public and private sectors, and until these barriers are addressed, there will always be underinvestment.⁶ These include but are not limited to the availability of data on outcomes as an incentive for investors to sign off on proposed initiatives and a lack of coordinated budgeting (as well as resources) across governmental agencies and departments towards strategies for addressing housing and homelessness.

As if this were not enough, evidence suggests people experiencing homelessness are more likely to interact with the justice system because being forced to live outside or on the street can lead to citations and arrests for low-level offenses like loitering or sleeping in parks. Furthermore, people currently or previously involved in the justice system, who are often disconnected from supportive resources and face housing and job discrimination, are more likely to experience homelessness. Black, Indigenous, and Latinx people are overrepresented among both groups because of historic systemic and structural racism in housing, criminal justice, employment, and other institutions.⁷

When housing is affordable, available, safe, stable, and accessible, families and individuals improve their overall health and well-being. Housing stability among families has been shown to improve conditions associated with caregiver and child health, maternal depressive symptoms, child lifetime hospitalizations, and household material hardships, such as food insecurity and unavoidable care.⁸ Permanent Supportive Housing, a model which pairs affordable rental and mortgage assistance with voluntary supportive services, has also been shown to be effective in improving housing stability.

High Housing Costs and Legacies of Discrimination Adversely and Disproportionately Affect the Health of Families and Individuals of Color

Access to safe and affordable rents and mortgages is proven to lead to better physical and mental health, and improves the well-being of individuals and families, yet people of color still are denied equitable entry.

The COVID-19 pandemic exacerbated existing health disparities related to housing for a broad range of populations, but specifically for people of color. In April 2021, 64% of Black adults and 70% of Latinx adults reported difficulty paying household expenditures compared to 42% of White adults, 7% of Black adults and 12% of Latinx adults reported no confidence in their ability to make next month’s housing

⁵ “[Housing as a Key Social Determinant of Health](#),” LISC Rhode Island, November 2021.

⁶ Stuart Butler, “[Optimizing Investment in Housing as a Social Determinant of Health](#),” JAMA Health Forum, JAMA Network, September 2022

⁷ “[Five Charts That Explain the Homelessness-Jail Cycle—and How to Break It](#),” Urban Institute, September 2020.

⁸ Amelia Whitman, Nancy De Lew, et al. “[Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts](#),” US Department of Health and Human Services, Office of Health Policy, Assistant Secretary for Planning and Evaluation, April 2022.

payment compared to 4% of White adults, and 14% of Black adults and 16% of Latinx adults reported food insufficiency in the household compared to 5% of White adults.⁹

Racial segregation remains a hallmark of the nation's housing, as Black and Latinx households continue to be concentrated in communities of color. According to Brown University's Diversity and Disparities Project, the typical white person in 2020 lived in a neighborhood where people of color made up less than a third of the population, while the typical Black or Latinx person lived in a neighborhood that was two-thirds people of color.¹⁰

Decades of exclusionary land use, inequitable housing policies, and systemic racism have led to historic underinvestment in communities of color, creating wide generational disparities in access to quality public and private services, with negative implications for the health, well-being, and life trajectory of residents. Lack of adequate investment and disinvestment also limits the ability of people of color to build familial wealth over time through housing.

Homelessness and Its Harmful Health Effects are Becoming an Increasing Problem Since the Start of the COVID-19 Pandemic

Access to safe and adequate housing routinely demonstrates improvements in health conditions, but sunseting assistance measures and the continued lack of housing stock is widening the gap between those who are housed and those who have no other choice but to live without shelter, most notably again among people of color.

Unsheltered homelessness has risen in Arizona in the wake of the COVID-19 epidemic, underscoring the need to increase the supply of low-cost permanent supportive housing, while housing insecurity and homelessness are on the rise as pandemic-era programs expire. Overall homelessness across the country has remained relatively stable (a 0.3% increase), an indication of various interventional methods during the pandemic such as eviction moratoria and emergency rental assistance. Despite this however, unsheltered homelessness, or the number of people living in places not intended for human habitation, hit a 3.4% increase over two years in 2022.¹¹

This reflects a longer-term trend, with the unsheltered population rising 35% from 2015 to 2022. California, Washington, Arizona, Oregon, and Texas have experienced the largest increases in unsheltered homelessness over this period. In Maricopa County specifically, there were 1,289 unsheltered individuals in 2015, and 4,734 reported in 2022, an increase of 267% over that period.¹²

57% of the unhoused population in America reside in urban areas while homelessness increased 4% in suburban areas, where 25% of people experiencing homelessness now live. The remaining 18% of unhoused people live in rural areas, which experienced the largest increase in homelessness (6%) during the pandemic.

⁹ Elizabeth Hynton and Lina Stolyar, "[Medicaid Authorities and Options to Address Social Determinants of Health](#)," KFF, August 2021.

¹⁰ John R. Logan and Brian J. Stults, "[Metropolitan Segregation: No Breakthrough in Sight](#)," Diversity and Disparities Project, Brown University, August 2021.

¹¹ "[The State of the Nation's Housing 2023](#)," Joint Center for Housing Studies, Harvard University, June 2023.

¹² Jill Ryan, Katherine Davis-Young, "[Homelessness in Maricopa County is up 7%; Unsheltered Population Drops](#)," KJZZ, April 2023.

People of color continue to be staggeringly overrepresented in the national unhoused population due to discrimination in housing, employment, and social services. Black people constitute 37% of those experiencing homelessness and just 12% of the total population. Similarly, Latinx people are almost one-fourth of unhoused people and less than one-fifth of the total population. Additionally, the largest increases in homelessness during the pandemic were among Native Hawaiian and Pacific Islanders (19%), Asians (8%), and Latinx (8%) people.

More Investment in Walkable, Mixed-Use Neighborhoods with Access to Mass Transit, Parks, and Healthy Food Promotes Good Health

Place matters, and the conditions of surroundings within neighborhoods impact health. The physical attributes of communities can support or hinder resident's efforts to live healthy lives.

Urban residents living near parks are much more likely to engage in regular physical activity, and report better mental health outcomes as a result. Physical activity has been shown to reduce depression and improve quality of life, and increased investment in park safety and park-based promotion of active lifestyles in low- to moderate-income neighborhoods help to maximize the mental health benefits of existing parks.¹³

The availability of reliable transportation and transit options directly affects the physical health of individuals, especially historically marginalized and more vulnerable populations. 21% of adults in the United States without access to a vehicle or public transit went without needed medical care in 2022. Individuals who lacked access to a vehicle but reported neighborhood access to public transportation services were less likely to skip needed care. Black adults (8%), adults with low family incomes (14%), and adults with public health insurance (12%) were all more likely to forgo needed care due to difficulty finding transportation; and adults with a disability (17%) were more than three times as likely to report skipping care due to transportation concerns.¹⁴

Lack of access to healthy food contributes to poor health, and such food insecurity disproportionately affects people from minority and socioeconomically disadvantaged populations. Eating a healthy diet is difficult without access to nutritious food. Each year, chronic diseases account for 70% of all deaths in the United States. Poor diets lead to chronic illnesses such as heart disease, type 2 diabetes, and obesity.¹⁵

20% of Black households were food insecure at some point in 2021, as were 16% of Latinx households when compared to 7% of White households. In the past 20 years, Indigenous American households have also been at least twice as likely to have experienced food insecurity when compared with White households, often exceeding rates of 25% across different regions and Indigenous communities. Food

¹³ Stephanie L. Orstad, Kristin Szuhany, et al. "[Park Proximity and Use for Physical Activity among Urban Residents: Associations with Mental Health](#)," *International Journal of Environmental Research and Public Health*, July 2020.

¹⁴ Laura Barrie Smith, Michael Karpman, et al. "[More than One in Five Adults with Limited Public Transit Access Forgo Health Care Because of Transportation Barriers](#)," Urban Institute, Robert Wood Johnson Foundation, April 2023.

¹⁵ "[Healthy Food Environments: Improving Access to Healthier Food](#)," Centers for Disease Control and Prevention, September 2020.

insecurity is inextricably linked to poverty, with 35.3% of households with incomes below the federal poverty line being food insecure.¹⁶

Supportive Housing Helps Vulnerable People

Supportive housing helps the most vulnerable populations in our communities by combining affordable rents and mortgages with coordinated services to help people struggling with chronic physical and mental health issues maintain stable housing and receive appropriate health care. Research shows that supportive housing effectively helps people with disabilities maintain stable housing and reduce health care costs.¹⁷

Studies show strong evidence of the benefits of Housing First interventions which provide supportive housing to individuals with chronic health conditions (including behavioral health conditions). Benefits include improved health outcomes and, in some cases, reduced health care costs. In addition, interventions that reduce health and safety risks in homes, such as lead paint or secondhand smoke, can also improve health outcomes and reduce costs.¹⁸

Supportive housing helps people with disabilities live more stably in communities and reduces costs. Research shows supportive housing effectively ends homelessness for people with mental health disabilities; reduces the use of costly resources such as shelters, inpatient psychiatric hospitals, emergency rooms, and jails and prisons; and leads to better treatment outcomes.¹⁹

In addition, supportive housing programs can make use of federal, state, and local housing vouchers, to help people with mental health conditions transition into already-available housing stock, or facilitate the development of newer affordable units, rather than requiring investment in new facilities designed exclusively for people with mental health disabilities.

Seniors aging in place benefit from supportive housing, but such specialized programs require closer attention and additional investment. Older adults living in supportive housing have unique needs which can be met through robust and strategically coordinated systems of service delivery, and quality supportive housing works to address homelessness among such older adults as it meets these unique needs and can prevent premature placement into costly nursing homes or other institutions. Not all supportive housing providers, however, are equipped to manage the complex needs of newly housed older adults or the changing needs experienced by tenants aging in place.²⁰

Standard supportive housing alone is not sufficient to adequately address the unique health demand of an aging population and allow for safely aging in place. Effective models must be developed that interweave elder-focused care with housing for this population.²¹

¹⁶ “[Food Accessibility, Insecurity and Health Outcomes](#),” National Institute on Minority Health and Health Disparities, National Institutes of Health, updated April 2023.

¹⁷ “[Supportive Housing Helps Vulnerable People Live and Thrive in the Community](#),” Center on Budget and Policy Priorities, May 2016.

¹⁸ “[The Case for Housing First](#),” National Low Income Housing Coalition, February 2023

¹⁹ “[Housing First Supports People with Mental Health Conditions](#),” National Low Income Housing Coalition, August 2022

²⁰ “[Healthy Aging in Supportive Housing: A Toolkit for Service Providers, Developers, and Property Managers](#),” The Corporation for Supportive Housing, December 2021.

²¹ Sonia Gupta Pandit and Rebecca T. Brown, “[Mitigating Homelessness Among Older Adults: Adapting the Permanent Supportive Housing Model](#),” *Generations*, American Society on Aging, Summer 2021.

Solutions for Improving Conditions at the Intersection of Housing and Health

Investing in housing should be viewed as a health care investment which reduces public spending on health care by improving the health of children, families, and vulnerable populations. These recommendations are consistent with this principle as well as the priorities of the [Arizona Health Improvement Plan 2021-2025](#), specifically around Health Equity and the Social Determinants of Health. While other stakeholders of the plan were not directly engaged in the formation of recommendations, the Arizona Partnership for Healthy Communities is committed to working with key partners from around the state to continue exploring ways to improve the health conditions around “Place” for its most underserved communities.

The Arizona Partnership for Healthy Communities recommends the following solutions for improving the intersection of affordable rents and mortgages and health:

1. **Increase the availability of affordable rents and mortgages.** According to the National Low Income Housing Coalition’s March 2023 report *The Gap: A Shortage of Affordable Homes*, there is a shortage of 136,282 affordable rental homes available for extremely low-income renters, which is less than the national level of affordable and available units per 100 households at or below the ELI threshold. Potential ways to create more affordable rents and mortgages include:
 - Expand funding for the State and National Housing Trust Funds and encourage funding for new projects to include healthy community components.
 - Expand Arizona’s Low-Income Housing Tax Credit program and encourage the inclusion of healthy community components in funding decisions.
 - Provide more rental assistance vouchers.
 - Invest in supportive housing, which pairs affordable rents and mortgages with supportive services.
2. **The State of Arizona should integrate housing and supportive health services to improve the delivery system of both sectors.** Possible ways to do this include:
 - Encourage linkages within AHCCCS between housing and healthy community programs, city planning, and transportation departments.
 - Make greater use of Medicaid services for supportive housing.
 - Create a system for shared planning and preparation of coordinated supportive services.
3. **AHCCCS should be used as leverage in and justification for adopting new statewide housing policies.** Stable housing can reduce health care costs. Within a population of nearly 10,000 people in Oregon with unstable housing for instance, the provision of affordable rents and mortgages decreased Medicaid expenditures by 12%. At the same time, use of outpatient primary care increased by 20% and emergency department use declined by 18% for this group. The health impacts of other means of stabilizing housing, including rental and foreclosure assistance, have been rigorously studied in relation to mental health outcomes, and show clear benefit.

In addition, while generally states have not been able to use federal Medicaid funds to pay the direct costs of non-medical services like housing and food, they can use a range of state plan and

waiver authorities to add certain non-clinical services to the Medicaid benefit package including case management, housing supports, employment supports, and peer support services.²²

States wishing to directly cover rent and other housing expenses for Medicaid enrollees have often done so using state-only or local dollars or via grant funding, but the Social Security Act allows the Secretary of Health and Human Services to approve state-specific demonstration projects, which waive certain Medicaid rules, commonly known as Section 1115 waivers. These waivers can enable states to spend federal Medicaid dollars on costs that would otherwise not be matchable by the program. Recently, the administration has approved Section 1115 waivers in multiple states including Arizona to allow temporary Medicaid payment for room and board. Specifically, newly approved waivers will cover up to six months of rent for certain Medicaid populations.²³ The following table illustrates such approved changes in Arizona:

State	Housing-Related Services Approved	Eligible Populations	Financing
Arizona Approved <i>October 2022</i>	<ul style="list-style-type: none"> • A maximum of six months of rent or temporary housing. • Utilities. • “Pre-tenancy and tenancy sustaining services, including tenant rights education and eviction prevention.” • Assistance with housing navigation. • Moving expenses. • Housing deposits. • Home accessibility modifications. • Home remediation services, when necessary for the recipient’s health. 	For rent/temporary housing and utilities: <ul style="list-style-type: none"> • Individuals transitioning out of institutional care or congregate settings. • Individuals who are homeless, at risk of homelessness, or transitioning out of emergency shelters. • Individuals transitioning out of the child welfare system. Eligibility standards will be updated in post-approval protocols to be approved by CMS.	<ul style="list-style-type: none"> • Up to \$482 million can be spent on these housing services over the five-year demonstration. • Up to \$67.5 million is available to support infrastructure for housing services over the five-year demonstration.

Dori Glanz Reyneri, “[How States Can Use Medicaid to Address Housing Costs](#),” *Shelterforce*, June 2023

4. **Adopt and codify the Housing First model in the provision of housing as a standard policy and practice.** Housing the homeless has consistently been shown to improve health outcomes and decrease health care costs. The Housing First model, in which chronically homeless people receive supportive housing has been shown to be particularly cost-effective, with one study finding that the provision of housing generated cost offsets of up to \$29,000 per person per year – after accounting for housing costs. The findings of this systematic review indicate that Housing First programs are more effective in reducing homelessness and improving housing stability.
5. **Reform the justice system as a means to address the local housing crisis.** It’s critical local and state leaders understand the connection between fair housing and the criminal justice system to develop strategies that better address homelessness, reduce the use of jails, build stronger communities, and ensure everyone has access to safe and stable housing. There is a robust body of evidence in

²² Elizabeth Hynton and Lina Stolyar, “[Medicaid Authorities and Options to Address Social Determinants of Health](#),” KFF, August 2021.

²³ Dori Glanz Reyneri, “[How States Can Use Medicaid to Address Housing Costs](#),” *Shelterforce*, June 2023

research literature and documentation from a variety of sources to explain the homelessness-jail cycle, and how to break it. It just needs to be implemented.

6. **Expand funding to existing assistance measures, and identify and activate new ways to supplement a menu of interventional strategies.** Despite new federal resources that have been made available to address homelessness, and whereas state and local governments have collectively committed more than \$3.3 billion in fiscal recovery funds to housing, more funding and other action is needed to meet the scale of the housing crisis, including increased support for rental housing assistance and affordable rents and mortgages to help address the root of the problem. While additional federal funding is available to address homelessness through the 2023 omnibus appropriations bill and the American Rescue Plan Act, allocations for HUD rental assistance and programs that increase the affordable supply over the long-term are currently insufficient to meet the scale of the challenge.
7. **Pilot racially equitable zoning and planning initiatives to provide a broader range of housing options in a variety of neighborhoods at the state and local levels.** In 2021, Washington State passed a law requiring local governments to identify and reform land use policies and other regulations that have racially disparate impacts or that result in displacement or exclusion. The New York City Council enacted legislation in 2021 creating an equitable development data tool and requires certain land use applications to include a racial equity report detailing how the project addresses fair housing goals and equitable access to opportunity. However, given the widespread persistence of segregation, much more needs to be done.
8. **Call on the US Congress to pass the Neighborhood Homes Investment Act and create a new tax incentive that would produce 500,000 starter homes in under-resourced communities over the next decade.** Under this legislation, tax credits would be awarded to project sponsors through statewide competitions administered by state housing finance agencies. Those sponsors – which could include developers, lenders, or local governments – would use the credits to raise capital for their projects, and investors would claim the credits against their federal income taxes. The credits can only be claimed for homes developed or rehabilitated in eligible low-income communities, and only after the homes are sold and occupied by lower or middle-income families. This will address the needs of families throughout the country who are struggling to purchase homes as costs continue to rise and the supply of homes remains limited.²⁴

²⁴ Matt Josephs, "[House Members Introduce Neighborhood Homes Investment Act to Expand Affordable Homeownership, Revitalize Communities](#)," Press Release, LISC Policy, June 2023.

Additional Resources on the Connection between Housing and Health

[Understanding the Social Determinants of Health](#)

Robert Wood Johnson Foundation

[Housing and Health: An Overview of the Literature](#)

RWJF Commission to Build a Healthier America

[Housing Needs by State](#)

National Low Income Housing Coalition

[The Gap: A Shortage of Affordable Rental Homes](#)

National Low Income Housing Coalition

[One Crisis Away: Rethinking Housing Stability for Arizonans on the Margin](#)

ASU Morrison Institute for Public Policy

[The Legacy of Structural Racism: Associations between Historic Redlining, Current Mortgage Lending, and Health](#)

SSM – *Population Health* (Volume 14, June 2021, 100793)