

Social Care Services Evidence Summary: Housing Assistance Services

This evidence summary includes a broad range of research/resources on housing assistance services and is primarily focused on health care impact. It is not intended to be an exhaustive compilation of research/resources on this topic. The information presented in this summary can inform the value proposition of partnering with a community-based organization (CBO) or a network of CBOs to offer these services and supports as part of a strategy to address social determinants of health (SDOH).

Housing assistance services include a wide array of programs and supports including, but not limited to, environmental modifications, rental assistance, and independent living supports. The wide variety of services that support housing quality, safety, stability, and affordability are increasingly considered vital SDOH (Taylor, 2018). This is especially true for older adults and individuals with disabilities (Bipartisan Policy Center, 2016; Justice in Aging, 2016; Oliver et al., 2020).

Research on the impact of housing assistance and support in improving health outcomes is strong with respect to both health status and health spending. Housing supports have the potential to improve health outcomes such as chronic disease management (Keene et al., 2018) and the overall health status of low-income individuals in poor health (Pfeiffer, 2018). Housing supports also have the potential to reduce costly health care services such as emergency department use, in patient care, as well as long term services and supports among vulnerable populations such as individuals experiencing homelessness and dually eligible older adults (Peng et al., 2020; Szanton et al. 2017). Likewise, research supports the positive benefit of individualized housing supports on quality of life metrics such as autonomy, self-determination, and choice (Oliver et al., 2020). As housing supports and assistance are diverse and complex, there are calls for further research and investigation on the role of housing and housing supports on health outcomes and spending, especially the integration of the health and social services and supports related to housing (Bipartisan Policy Center, 2016; Taylor, 2018).

For specific, further detailed information on this evidence, please review the resources listed below.

Housing Assistance Services Research and Evidence

Study	Population Studied	Objective of Study	Type of Analysis	Findings / Results
Keene et al. (2019)	Low-income residents of New Haven, Connecticut, who had a diagnosis of type 2 diabetes; Forty (40) participants took part in the study	This study draws on interview data to examine transitions into rent-assisted housing as they relate to diabetes self-management behaviors. Primary interview questions related to diabetes care.	This study employed qualitative interviews using an inductive grounded theory approach (semi-structured format, relying on an interview guide that included broad and open-ended questions with follow-up probes). Interviews were conducted at baseline (n=40) and approximately 9 months later (n=26).	Study results indicated improvements in diabetes self-management accompanied the receipt of rental assistance. Rental assistance facilitated environmental control that supported diabetes routines, improved participants' ability to afford diabetes-related expenses, and mitigated health-demoting financial stress.
Oliver et al. (2020)	Adults with disabilities and complex needs; the total number of individuals varied by study and ranged from 6 to 8,892 people	The purpose of this scoping review was to determine what is currently known about outcomes associated with individualized housing for adults with disability and complex needs.	The study employed a scoping review method (a method of searching existing literature based on key words with the aim of answering a broad research question). The scoping review included 5 databases and reviewed literature from January 1999 through January	Individualized housing was positively associated with person-centered outcomes such as self-determination, choice, and autonomy. Individualized housing also demonstrated favorable outcomes regarding domestic tasks, social relationships, challenging behavior, and mood. However, outcomes regarding adaptive behavior, self-care, scheduled activities and safety showed no

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			<p>2019. The analysis included studies that reported on outcomes associated with individualized housing for adults with disability and complex need. Twenty-two (22) peer-reviewed articles met the inclusion criteria for the review.</p>	<p>difference, or less favorable results, when compared to group homes.</p>
<p>Peng et al. (2020)</p>	<p>Persons with disabilities experiencing homelessness; a total of 17,182 participants across 26 studies were included in the review</p>	<p>The review compared the effects of Housing First versus Treatment First model of approach to housing supports to compare the effects of both approaches on housing stability, health outcomes, and health care utilization among persons with disabilities experiencing homelessness.</p>	<p>The review included a systematic search using 8 databases for relevant studies on the effects of “housing first,” “treatment first,” and “supportive housing.” The search included literature from inception of the databases to February 2018. 26 studies met inclusion criteria.</p>	<p>Housing First programs improved housing stability and reduced homelessness more effectively than Treatment First programs. Compared with Treatment First, Housing First programs decreased homelessness by 88% and improved housing stability by 41%. For clients living with HIV infection, Housing First programs reduced homelessness by 37%, viral load by 22%, depression by 13%, emergency departments use by 41%, hospitalization by 36%, and mortality by 37%.</p>
<p>Pfeiffer (2017)</p>	<p>The study focused on low-income renters aged 25-69, including two</p>	<p>This study uses survey data to assess the impact of assistance from public housing or Section 8</p>	<p>This study employed statistical analysis (linear and logistic regression and</p>	<p>The article finds evidence to support that providing rental assistance to low-income households may lead them to have more efficient health</p>

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	subpanels of survey participants. The first subpanel included 16,111 respondents and the second included 19,112 respondents.	voucher programs on low-income renters' reported health status and spending.	propensity score matching) using data from the Survey of Income and Program Participation (SIPP). The study used samples from the 2001, 2004, and 2008 survey panels of the SIPP.	care spending and that moving into public housing may improve the health of low-income renters who are in poor health.
Szanton et al. (2017)	Intervention group: 204 individuals dually eligible for Medicaid and Medicare; Control group: 2,013 dually eligible individuals	To determine whether the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program, a program that includes interprofessional team comprised of a RN, occupational therapist, and a handyman to help older adults attain self-identified functional goals, saves Medicaid more money than it costs to provide.	Single-arm clinical trial with a comparison group	Average Medicaid spending per CAPABLE participant was \$867 less per month than that of their matched comparison counterparts (observation period average 17 months, range 1–31 months). The largest differential reduction in expenditures were for inpatient care and long-term services and supports (LTSS).

Additional Resources

Resource Author	Description of Content	Target Audience
Bipartisan Policy Center (2016)	<p>This report examines four challenges facing healthy aging at home in the United States and provides recommendations to address each of the following challenges: 1) the need for a much greater supply of homes affordable to our nation’s lowest-income seniors; 2) the importance of transforming homes and communities so that seniors can age with options, a desire shared by the overwhelming majority of older adults; 3) the imperative to better integrate health care and supportive services with housing, recognizing that this integration has the potential to improve health outcomes for seniors and reduce the costs borne by the health care system; and 4) the need to deploy technologies on a far wider scale to help all Americans age successfully.</p>	<p>Decision-making stakeholders including members of Congress, public officials serving in state and local governments, the private sector, and leaders in the nonprofit and philanthropic communities. Additional audiences include payers and providers, especially entities engaged in value-based payment initiatives.</p>
Health and Human Services, Department of Housing and Urban Development, & United States Department of Agriculture (2020)	<p>This publication is a joint bulletin aimed at providing information to public health and housing agencies with information to better understand existing federal resources and programs that are intended to improve health and housing outcomes in rural America and support individuals</p>	<p>State Medicaid agencies, state and local housing agencies, state and local public health agencies, and other health and housing entities that jointly support individuals with disabilities in rural communities.</p>

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	with disabilities to remain in their homes and communities.	
National Association of Area Agencies on Aging & University of Southern California Leonard Davis School of Gerontology (2020)	Area Agencies on Aging (AAAs) plan and coordinate services for older adults in their communities across the country. The 2019 National Survey of AAAs found that 61 percent of responding AAAs provide home modification or repair services, and 46 percent make referrals to local programs that make home modifications or repairs. These services support older adults to remain in their homes and communities as they age.	Health plans, social service agencies, research and practitioners who support older adults and may be interested in collaborating with AAAs to enhance coordination of services and supports for older adults in their communities.
Justice in Aging (2016)	This special report outlines the problem, the reasons for increased homelessness among older adults, and recommends policy solutions that can be put in place now to ensure that all older adults have a safe place to age in dignity, with affordable health care, and sufficient income to meet their basic needs.	Policy makers and advocates interested in solving issues of homelessness and factors that contribute to homelessness and housing instability among older adults.
Taylor (2018)	Past research supports the notion that housing is a high impact area in the field of SDOH. The impact of housing on health is now being widely considered by policy makers. As a result, many health care systems, payers, and government entities are seeking to better understand the totality of the health and housing literature to determine where they might	Healthcare systems, payers, and government entities seeking to better understand the totality of health and housing literature to determine where they might intervene effectively.

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	intervene effectively. The brief outlines the literature and provides high-level direction for future research and policy agendas.	
University of Southern California Leonard Davis School of Gerontology & Advancing States (2020)	<p>This report provides a summary of how State Units on Aging (SUAs) play key roles in supporting older adults to remain in their homes and communities with home modification and repair (HMR) support. The Administration for Community Living (ACL), in collaboration with the University of South California (USC) Leonard Davis School of Gerontology, implemented the “Promoting Aging in Place by Enhancing Access to Home Modifications” project to address barriers to home modification access and service delivery by increasing the availability and awareness of home modifications at the national, state, and local levels.</p>	<p>Policy makers, including staff of SUAs and practitioners that support older adults’ ability to age in place with the goal of increasing availability and awareness of HMR support and services.</p>