



PUBLIC HEALTH AND SUPPORTIVE HOUSING: NATURAL ALLIES

“Public health is what we do together as a society to ensure the conditions in which everyone can be healthy.”¹

INTRODUCTION

When 2020 started, no one could have predicted the world as it is now. For those who work in housing, services, and the efforts to align them, our fields have risen to challenges and gained new allies. These allies who are now learning what those working to end homelessness and to create and sustain supportive housing have long-known: our nation woefully underinvests in communities and people who need assistance the most. Our field knows that due to historic patterns of institutional and systemic racism, people of color are more likely to suffer from poverty, homelessness, disabilities, and adverse health outcomes. We know that the voices of those most impacted need to be centered in creating solutions. Yet the lack of political will in many communities coupled with funding constraints has hampered efforts to address these needs in general and take solutions like supportive housing to scale. We must remember and acknowledge while the glare of the national spotlight may shine with new intensity these days, these challenges and incidents go back for centuries.

With focused attention on these issues, new alliances, policy initiatives, potential partners, and collaborations are growing. One of the newest and most important allies is the public health field. The COVID-19 pandemic has made it clear that lack of housing is a public health crisis. The over-representation of People of Color in the rates of positive cases, hospitalizations, and deaths due to COVID-19 is driven by underlying institutional and systemic racism.² To fully address the impact of both COVID-19 and the affordable housing crisis, the housing and services sectors need to collaborate more than ever with the public health sector. The vastly under-resourced public health sector is struggling to develop strategies that effectively engage marginalized communities. Cross-sector collaboration is needed to protect our communities' well-being and build thriving, healthy communities. This paper outlines many of the commonalities between the public health field and those who work to align housing and services, and offers some thoughts on how we can all collaborate effectively.

COMMONALITIES

¹ https://www.cdc.gov/pcd/issues/2017/17_0017.htm

² <https://www.kff.org/statedata/collection/covid-19-disparities/>

Driven by Values

Values rooted in an idealistic vision of community drive the public health sector and those working to align housing and services. For the public health sector, those values are evident in the opening quote of this brief, “ensuring conditions in which EVERYONE can be healthy.” Public health interventions are designed to support *all* members of the community, like wearing masks during the outbreak of COVID-19. People working to align housing and services to more effectively serve marginalized communities are also driven by a vision of equitable, inclusive, and healthy communities and systems. The goal is to have housing and supports available to all. The population-level goal for both sectors is the creation of equitable, inclusive and healthy communities and systems, which help people thrive. Ensuring the health of the public would be a core indicator of achieving those value-driven goals.

Race Equity

Both public health and aligning housing and services sectors are more than ever actively recognizing, working to draw attention to, and moving to address the long-standing inequities embedded into our society. The American Public Health Association has called out both racism³ and police violence⁴ as two intertwined public health crises that need to be addressed. The homelessness sector over the past two years has more actively called out structural racism as the root of the over-representation of People of Color among people experiencing homelessness and preventable institutionalization.⁵ The supportive housing field and CSH specifically have created tools designed to assist communities in developing an active and intentional anti-racist approach in their allocation of housing and services.⁶ CSH’s own Racial Disparities and Disproportionality Index (RDDI) allows communities to examine 16 different systems and how racial and ethnic groups are disproportionately represented within them.⁷ The index has the potential to support population-level analysis over time so that communities can determine if their strategies are effectively anti-racist or are not and take action accordingly. The goals and the active conversations within each sector align and can support each other in moving our society closer to our shared goal of race equity.

Population Focused

A population-focused approach has always been at the core of public health and in the housing and services sectors. From the earliest public health intervention at the Broad Street pump⁸, public health as a field recognizes that improving the health of a community requires more than individual change. Our communities require systemic change. Public health has championed systemic interventions such as educating on the health dangers of smoking, obesity, requiring airbags, addressing food deserts, and offering supports to communities to address chronic disease management. The public health field evolves as science to address the challenges communities face. Epidemiology, a core science of the public health field, measures and projects disease outbreaks and incidences to best inform the public and offer solutions. The homelessness sector began as an individual level intervention but has evolved into a systemic approach that recognizes the need to align housing and services. One of them is Coordinated Entry, a strategy that creates an intentional process to allocate limited resources to those most in need. The homelessness sector’s annual Point In Time (PIT) Count brings together the community to count

³ <https://www.apha.org/news-and-media/news-releases/apha-news-releases/2020/racism-is-a-public-health-crisis>

⁴ <https://www.apha.org/news-and-media/news-releases/apha-news-releases/2020/apha-calls-out-police-violence>

⁵ <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>

⁶ <https://endhomelessness.org/resource/the-alliances-racial-equity-network-toolkit/?fbclid=IwARODILrt212vDkmPIUu-7yaGRpB2I5IK6ZMptLKhFgFzcUVXN5giQyi54IM>

⁷ <https://www.csh.org/2020/04/advancing-equity-through-data/>

⁸ <https://www.ph.ucla.edu/epi/snow/removal.html>

people experiencing homelessness throughout the whole community.⁹ The Annual Homelessness Assessment Report (AHAR) also tracks community-wide information about homelessness.¹⁰ Over the past decade or more, refinements to the methodologies behind these assessments have been ongoing and result in more accurate data, but with more work to be done. Both sectors recognize the need for a population-wide focus and systemic interventions to achieve their goals.

Data-Driven

Both sectors use a data-driven approach to determine their priorities, track progress over time, and guide their intervention strategies. Another core science of public health is surveillance or tracking the incidence of disease to target interventions effectively.¹¹ Surveillance data assists in determining what groups or groups are more commonly suffering from certain diseases and that information can assist in a better understanding of disease cause and potential interventions. For example, as knowledge of HIV grew, doctors and researchers learned that persons who use intravenous substances and men who have sex with men were vastly overrepresented among people who were infected with and dying from HIV. As knowledge grew, unique strategies, including communications channels, condom distribution, and needle exchanges, were all developed as mechanisms to reach these often-marginalized communities. In the supportive housing field, as the intervention was developed, so was the research to determine outcomes, impact, and cost-effectiveness. The homelessness sector commonly studies interventions to determine effectiveness and given limited resources, to determine the best use of those resources to serve the largest number of people possible. At the foundation of all these ideas is a data-driven approach.

Promising Practices and Evidenced-Based Practice Approach

Both sectors also value an evolving *promising practices* and an *evidenced-based* approach. Before high-quality research is available to develop an evidence base, promising practices offer potential interventions. As new interventions are tried, research is designed to test the effectiveness of those interventions. Public health and the housing and services industry both recognize that research must have an equity focus and include the populations who are more commonly in need of the intervention before the research can be considered high-quality. For example, if People of Color are over-represented among those experiencing homelessness, they should be similarly over-represented in those receiving the intervention and in the research testing the intervention. The onset of COVID-19 has brought the public health community's use of the scientific method of trial and error under the glare of the national spotlight. However, that bright light has not diminished the field's commitment to the methods of science and promoting interventions with a strong research base and equity lens. The housing and services sectors also use research and development of an evidence base to determine where best to invest resources. Supportive housing is a SAMHSA evidence-based best practice¹² and has been recognized by a study panel of the National Academy of Sciences as effective in ending chronic homelessness.¹³ Both fields learn from and are responsive to data and research as signaled by recent funding shifts from transitional housing to rapid rehousing and supportive housing models.¹⁴ Both public health and the housing and services fields

⁹ <https://www.hudexchange.info/programs/hdx/pit-hic/>

¹⁰ <https://www.hudexchange.info/homelessness-assistance/ahar/#2019-reports>

¹¹ <https://www.cdc.gov/surveillancepractice/index.html>

¹² <https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4509>

¹³ <https://www.nationalacademies.org/news/2018/07/permanent-supportive-housing-holds-potential-for-improving-health-of-people-experiencing-homelessness-but-further-research-on-effectiveness-is-needed-including-studies-on-housing-sensitive-health-conditions>

¹⁴ https://www.huduser.gov/portal/family_options_study.html

value a continued focus on data, evaluation, and continuous learning as the only way to achieve long-lasting public health and positive community outcomes.

Trauma-Informed

Both sectors recognize the profound impact trauma has on our communities. Research demonstrating the impact on health and well-being, depending upon the Adverse Childhood Experiences or ACEs scores, is driving work and investment in both the public health and housing and services for marginalized populations.¹⁵ People experiencing homelessness have higher rates of trauma than other poor adults.¹⁶ For People of Color, the impact of historical trauma and racial trauma only adds to the picture of complex trauma for people and communities.¹⁷ Homeless services providers recognize that homelessness and housing instability itself is traumatic and, therefore, have been working on training and embedding a trauma-informed approach to all their interventions.¹⁸ Understanding this trauma-informed approach is considered crucial at all levels of homeless services organizations, from systems leadership to agencies to direct service staff. Consideration of secondary trauma, particularly for direct services staff, is growing, and agencies are building capacity to address it. Supportive housing has integrated trauma-informed practice into the design of properties.¹⁹ Both fields know from data, research, and practice that only a trauma-informed approach can lead to the outcomes and communities both sectors are working to build.

Broad Vision, Small Budgets

Perhaps the most profound commonality between these two sectors is the combination of a broad vision but limited and shrinking public investment. Kaiser Health News and the Associated Press recently combined forces to document “the erosion of public health.”²⁰ The article documents decreasing budgets, increasing mandates, responsibilities and potential activities to safeguard the public’s health. The housing and services fields agree that housing ends homelessness; however, only 1 in 4 Americans who qualify for housing assistance can access that assistance due to limited budgets and non-entitlement status.²¹ CSH’s needs assessment documents the need for 1.1 million additional supportive housing units for all persons who could benefit from this resource.²² All sectors continue to engage new partners and create the business case, tools, and strategies needed to engage new support, but the foundational lack of investment and structural racism impedes progress in both fields.

Need for Partners

Broad vision and small budgets commonly causes the need for sectors to reach out to potential partners to execute that vision. Both sectors have developed a growing body of knowledge on how to most effectively partner, including through community engagement, matching data between systems, braiding funding, and jointly developing accountability measures for themselves and their communities. Those partnerships require the time and space to create aligned agendas and activities that work toward common goals. Terminology is an often-cited barrier and potential partners should take the time to

¹⁵ https://www.cdc.gov/violenceprevention/acestudy/about.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fchildabuseandneglect%2Facestudy%2Findex.html

¹⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969113/>

¹⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863357/>

¹⁸ <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/trauma>

¹⁹ <https://www.coloradotrust.org/content/story/using-trauma-informed-design-buildings-become-tools-recovery#:~:text=Designed%20by%20Davis%20Partnership%20Architects,and%20For%20mental%20health%20issues.>

²⁰ <https://khn.org/news/six-takeaways-of-the-khn-ap-investigation-into-the-erosion-of-public-health/>

²¹ <https://www.urban.org/urban-wire/one-four-americas-housing-assistance-lottery>

²² <https://www.csh.org/resources/total-supportive-housing-need-by-state/>

educate each other on common terms, pain points, and lessons learned for each sector. Collaborators often use acronyms that confuse potential new partners. For example, “CDC” can refer both to the Centers for Disease Control and Community Development Corporations. The most effective of these partnerships pull on the strengths and resources of each other to create projects and scale that move both fields forward. While these sectors may struggle for the resources and support needed to implement their vision and mandates, collaborative activities may garner the political support and attention required to take their work to the next level of success.

WORKING TOGETHER IN OUR COMMUNITIES

With all these commonalities at a foundational and daily operations level, common and joint practices can be developed in both the short and long term. The knowledge surrounding the spread of COVID-19 highlights the inequitable impact of the disease, the vulnerability of so many in our communities, and the need to develop strategies that support the most vulnerable. Each field has knowledge and networks needed by the other. COVID has taught us that viruses have no understanding of who is richer or poorer in our society, who is considered an “IN” vs. an “OUT” group or who has permanent housing and who does not. The disease spreads wherever the opportunity to spread is present, and that opportunity is far too present in congregate settings such as nursing homes, jails, shelters, and group homes. If our goal is strong, healthy, thriving communities, public health must join forces with the housing and services sectors to educate the public, protect all members of our community and ameliorate the effects of COVID and other diseases.

This work was generously supported by a grant from the Bank of America Foundation. Originally published September, 2020. Last updated, February, 2022.

