Preventing and Ending Homelessness: Community Development’s Role

Community development can address the negative health impacts of homelessness

Over half a million people experience homelessness in the United States. It impacts both urban and rural communities, and is far reaching and can affect anyone. Many of the factors that drive individuals and families into homelessness are pervasive. These include social and economic reasons like lack of affordable housing, unemployment, lack of access to services and high healthcare costs, racism in the housing and criminal justice systems, and domestic violence. While a wide range of individuals and families are affected, some groups are more vulnerable to becoming homeless such as those living in poverty, people of color, veterans, persons with disabilities, individuals living with mental illness or addiction, LGBTQ+ youth, and older adults.

Homelessness comes at a great cost to individual and community health, worsening health outcomes that lead to higher rates of chronic illness. Furthermore, those experiencing some of these conditions are more likely to experience homelessness. As a result, homelessness continues to be a key social determinant of health (SDOH).

When it comes to determining one’s health, ZIP code is more important than genetic code; Community development is in the ZIP code improvement business. This series of fact sheets from NeighborWorks America and the Build Healthy Places Network highlights the common aims, evidence base, and what works for health and community development.
The healthcare sector spends over $1 trillion each year treating preventable conditions caused by poverty and social inequity, including homelessness. Individuals experiencing chronic homelessness have higher rates of hospitalization, higher hospital readmission rates, and make up almost 33% of all visits to emergency rooms (ER).

Hospitals are increasingly responsible for longer-term support for persons experiencing homelessness (PEH), including laws like California’s SB1152 that require hospitals to have a plan to safely discharge PEHs.

Addressing the causes of homelessness like unstable housing can drastically reduce the costs to healthcare. Studies have revealed that healthcare systems save $3,919 in annual costs for each individual living in supportive housing.

The healthcare sector is increasingly recognizing the importance of SDOH that can prevent and end homelessness e.g. adequate affordable housing, access to supportive services, and addressing poverty and racism.

With its focus on SDOH, community development is in a strong position to develop both stable and affordable housing, and partner to provide wraparound services like counseling and job training in order to combat homelessness and prevent its root causes.

**Evidence Bites**

**Counteracting Homelessness and Its Root Causes**

- **Affordable Housing**: When communities have access to abundant, high quality affordable housing, individuals and families are less likely to experience homelessness. Community developers can both aggregate and deploy financial capital in order to preserve and renovate current affordable housing stock. The sector is also accelerating the development of new affordable housing for communities across the country.

- **Permanent Supportive Housing**: In addition to providing affordable and permanent housing, community development organizations can help coordinate wraparound services on site. These services help those experiencing homelessness access the care needed to remain housed and live a healthy and productive life in their communities. Services can include medical care, case management and life skills.

- **Trauma Informed Design**: Homelessness can be both a cause and a result of trauma, leading to poor health outcomes and disabling the recovery process. Community developers are leveraging the built environment of supportive housing to facilitate recovery and improve wellbeing through trauma informed design. This concept draws on the principles of trauma informed care in designing the physical layout of the space, including reducing environmental stressors, increasing access to nature, reinforcing a sense of self-reliance, and community building.

- **Job Training and Employment**: Secure and sustainable employment is critical to maintaining stable housing. Community development organizations are integrating employment services into their supportive housing models, providing a holistic approach to community wellness. This can include educational courses that award credentials, job placement, and access to case managers who provide support to clients as they re-enter the workforce.
**Evidence in Action**

### Low Income Housing Institute

**Seattle, Washington**

The **Low Income Housing Institute** (LIHI), a NeighborWorks network organization, created one of Seattle’s first tiny housing villages. The tiny housing village was born out of response to Seattle declaring a state of emergency as homelessness reached a critical mass. LIHI partnered with two organizations, Nickelsville and SHARE, and three city-sanctioned tent encampments whose models focused on self-managed communities and eco-villages. This led to the creation of the Tiny House Village that includes 14 tiny houses, each with electricity and community amenities such as kitchen and restroom facilities, onsite showers and laundry, counseling office, security booth and donation shed. The program has expanded to other cities like Olympia and Tacoma, supporting residents as they reclaim their dignity and get on a path to housing.

### DevNW

**Williamette Valley, Oregon**

In 2016, DevNW, a rural and suburban **community development corporation** and NeighborWorks network organization, launched a health navigator program in partnership with InterCommunity Health Network Coordinated Care Organization to connect their affordable housing residents to healthcare and social services. The health navigation program increased resident access to healthcare services, early intervention services on evictions, improved communication between housing and social service providers, and focused on upstream solutions to staying healthy in the first place. Over the last four years, outcomes include a 15% reduction in ER visits and a 19% reduction in emergency department costs per member per month. Their work also prevented 97 evictions from taking place, stemming the pipeline to homelessness.

### Hillrock Estates

**Charlotte, North Carolina**

**Roof Above** is tackling chronic homelessness in Charlotte by providing affordable housing, including the purchase of the HillRock Estates. The $50 million deal consists of donations, grants and loans, including a grant from **Local Initiatives Support Corporation** (LISC) and a low interest loan from Atrium Health, a non-profit hospital network. 74 of the units are dedicated to individuals experiencing chronic homelessness, while an additional 50 units will be set aside for Atrium health employees in need of assistance. The remaining units will be dedicated to mixed income housing for the community.

### Arroyo Village

**Denver, Colorado**

The **Delores Project**, a nonprofit that provides shelter and services for unaccompanied women and transgender individuals, and **Rocky Mountain Communities**, an affordable housing developer, came together to develop Arroyo Village. This complex offers a homeless shelter with 60 beds, 35 permanent supportive housing units for very low income individuals transitioning out of homelessness, and 95 affordable housing units for families, all under one roof. The project adopted trauma informed design to build the property, which includes an outdoor courtyard and garden and artwork that inspires a warm and welcoming environment.
As you consider possible partnerships with hospitals and healthcare systems, the following questions can help you identify opportunities for collaboration and assess hospital priorities, capacity, and pain points to strengthen your case for partnership:

- What type of hospital are you meeting with and is it part of a bigger healthcare system? Larger systems might have their own foundations with community investments and may be ready for partnership.
- What are the priorities of the healthcare institution as identified through their Community Health Needs Assessment (CHNA)? Is housing or homelessness identified as a priority?
- How engaged is the institution’s leadership around addressing social determinants of health?
- What are the key healthcare incentives and regulatory requirements at play? e.g. the mission orientation of the institution, a Housing First approach, state level changes (Medicaid expansion, Whole Person Care Initiative) or city policies.

**Where to Start**

**Tools to Move Forward**

- **BHPN’s Healthcare Playbook for Community Developers** helps you build partnerships with hospitals and healthcare systems to improve community health and well-being.
- **BHPN’s Jargon Buster** demystifies common industry jargon across sectors.
- **Affordable Housing Investment: A Guide for Nonprofit Hospitals and Health Systems** examines nonprofit hospitals and health systems’ motivations, opportunities, and barriers to initiate housing investments.
- **BHPN’s Crosswalk essay** highlights a $13 million funding pool that helps identify, locate, and house the most vulnerable persons experiencing homelessness, illustrating the power of community development and health partnerships in breaking the cycle of chronic homelessness.
- **NeighborWorks America’s Community Partnership Readiness Guide**.
- Learn more about homelessness and ways to support vulnerable populations through NeighborWorks America training programs.